

How to Talk to Your Loved Ones About Covid

Version 1, 2023 Edition (5/20/2023)

Modeled after & heavily inspired by [this document](#) by Ruby Levine, “[Let Them Eat Plague](#),” & [a long winter crip survival guide for pandemic year 4/forever](#) by Leah Lakshmi Piepzna-Samarasinha and Tina “constant tt” Zavitsanos

“The work we are doing to stay safe matters. The work we are doing to keep ourselves alive-fully alive, not just existing-matters.”

-Leah Lakshmi Piepzna-Samarasinha and Tina “constant tt” Zavitsanos

“Every chain of transmission that is broken is valuable, every person that doesn't get sick, that doesn't lose that week of work, or doesn't become disabled or die, from the minorest of inconveniences, to the greatest of losses: every single one of those things is valuable.”

-[Becca](#), speaking on Death Panel Podcast

ABOUT THE AUTHORS

Who are we? We are a multiracial, multiethnic and international group of queer, disabled, chronically ill, and neurodivergent writers, workers, artists, and organizers from various socioeconomic backgrounds and different sets of lived experiences. This document represents the labor of those whose resources we drew from and gathered, our own original words, and feedback from others who have already begun the hard and necessary work of talking to their loved ones about the realities of Covid. We are grateful to everyone whose work and care has made this living document possible, and we plan to continue expanding it together.

This is not a universal resource, and unfortunately reflects a Western, U.S.-centric bias in its current form; part of this is structural and due to the fact that the pandemic itself has largely been driven by the United States and its destructive policy choices from the start. We are still working toward a more global and more modular version of this document and are already working on the next draft. Until then, we hope that your conversations will always move toward a discussion of Covid as a global issue, not just an American or Western one. We hope that you will use this resource as a starting point in your own conversations and find local statistics for your area whenever possible, keeping in mind that this pandemic is global and has disproportionate impacts across the globe.

We created this resource in our spare time and will continue to improve and expand it moving forward by analyzing information from the real-world conversations people are having. We would greatly benefit from your experience of having Covid conversations in your life and any feedback you have for this document. Thank you for reading, and thank you for your advocacy.

Questions, comments, or suggestions for revision/expansion can be sent to maskupwithus@gmail.com.

So, you love someone who has stopped taking Covid precautions (or never took them to begin with).

What are you going to do now? If you're here, you're concerned about keeping your community safe. But how? What do those conversations actually look like? This guide is a template for navigating these emotionally-charged and difficult conversations. It attempts to put you on a good path for teaching others what you know while encouraging mask wearing, doing what you can to protect your community, including yourself.

What's the point? Misinformation is everywhere. Many people seem like they've gone "back to normal." Covid is spreading unchecked, and barely anyone masks anymore. It can feel like no one is listening, if you can even find the words to talk about it. Things feel pretty grim.

But ALL IS NOT LOST. We have been deeply lied to and actively betrayed—by our governments, media outlets, and even medical professionals—for years. But there is hope and there is a way out. **We can make a future without Covid.**

To quote perhaps the most comprehensive analysis of the pandemic so far, "[Let Them Eat Plague](#)":

We have been betrayed. For three years, we have been abandoned, misled, shepherded to our dooms. Millions have died. Hundreds of millions have been disabled. All the while, respectable faces with plastered-on grins breathlessly offer hopeful platitudes, assuring us we'll all be ok. *Just trust the system.*

You could be forgiven for not realizing we're still in the middle of a pandemic, considering the total absence of media coverage. If it was important, you'd surely be hearing about it, right? The last variant you heard about was likely omicron. The last you heard about vaccines was likely "we strongly encourage everyone to get boosted." The last you heard about masks was that they work, but they're not required. And why would you bother wearing masks anyway if, as the United States president himself proclaimed, "The pandemic is over"?

Here's the truth: the pandemic is not over. It's much worse than you have been led to believe. And unless you've spent the past several years reading scientific studies on the subject, it can be hard to convey *just how wrong* the public perception of Covid really is. Everything from how it's spread, to how it's prevented, to what it does once it's in your body, is being tragically misunderstood.

None of this is an accident. It's not your "fault" if you aren't a virologist, immunologist, epidemiologist, or evolutionary biologist. It's the job of experts and trusted voices to convey the truth and give you guidance. Not only have they failed at this, they have engaged in an active disinformation campaign dedicated to making the pandemic "disappear". This has not been the result of a classic caricature of conspiracy — some tiny council of elites, gathered in the shadows to craft policy out of whole cloth. **What we're actually witnessing is the quiet collusion of class interest.** This form of conspiracy is a feature of cultural hegemony, and it has aligned itself in direct opposition to public health and scientific reality. A "conspiracy" of this sort takes place in full view of the public. Every actor within it has openly telegraphed motivations that we are all taught to see as acceptable: keeping the current economic system intact at all costs.

—"[Let Them Eat Plague](#)!"

The End of the Emergency, The Continuation of Our Struggle

On May 5, the World Health Organization officially ended the public global health emergency, signaling (wrongly) to the public that the threat of Covid-19 is behind us. Never mind that this very same day, they put out another official statement that conveyed the opposite message:

"The worst thing any country could do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that #COVID19 is nothing to worry about."

-Dr. Tedros



Never mind that millions are dead, long term outcomes for repeated infections are unknown, and millions are suffering from Long Covid.

This WHO announcement is a devastating blow, utterly unsurprising, and paradoxically, a moment filled with potential.

It is devastating, because it will now be easier for workplaces and healthcare providers to justify their lack of mitigations, and because this announcement will mislead many ordinary people into thinking the threat has passed. It will likely lead to an increase in the harassment that disabled people face in medical settings, or while wearing a mask in public spaces. It is unsurprising, because the capitalist strategy for handling the pandemic has been a strategy of minimization and erasure from the start (as we will discuss at length in this resource). **And yet, this is also a moment filled with potential.**

Why potential? The truth is that many, many people are waking up to the non-normalcy of this forced "back to normal" approach. People are expressing their disbelief and frustration over being sick all year long. People are running out of sick days. Friends and relatives are getting Long Covid. Basically, the so-called normal world is showing cracks in the façade—and people are asking: "Why is this happening?" Trust in governments and politicians is at an all-time low. **People are fed up.** And the official narrative (with all of its confusion and contradictions) makes no sense.

Meanwhile, the things that we are saying make a lot of sense. We have the truth on our side. The government's strategy is one of denial, negation, and lies. But presence, truth, and a vision for a better future will always be more compelling than a lie. Unlike what WHO is saying, our narrative is honest, consistent, and backed by science. Unlike the WHO, we value human life and are offering actual care. Denial as a strategy cannot

work for long. People are seeking answers; we have to educate one another and offer a path forward. **We have to keep one another safe.**

Our Mission & The Challenge Ahead

Most people trust that it is the government's job to protect them. And most people don't have the time, resources, scientific literacy, or energy to keep up with the latest research, conflicting guidance, and up-to-date information about the pandemic.

Reducing the number of Covid infections happening in our communities is essential. Giving people the knowledge and tools to protect themselves in the face of government neglect and violence is essential. We have to try to reduce harm in our communities. And a livable future depends on us addressing Covid.

As we prepare for what's to come, we cannot abandon one another or decide that these conversations are pointless. In other words: we can't leave our neighbors behind. We have to try to share the knowledge that we have learned. So let's get to work.

POLITICAL FRAMEWORKS

We believe in abolition, mutuality, bodily autonomy, self-determination, equality, and interdependence. We believe in centering the most vulnerable and approaching others with curiosity. We value intentionality, humility, compassion, directness, honesty, trust, accountability, and consent.

Our political frameworks include: the abolitionist movement, Black liberation, intersectional historical materialism, antifascism, anticapitalism, anticolonialism, anti-imperialism, disability justice, transformative justice, Indigenous sovereignty, trans rights, and [liberatory harm reduction](#).

We are always willing to learn and grow, but we are not willing to compromise on any of these values.

SUMMARY OF PRAXIS

We believe in humanity. It is not true that most people are selfish, bad, stupid, ignorant, or unwilling to learn. Most people do not know what is going on, or feel powerless to stop it, or both.

A great majority of people who have stopped taking Covid precautions have done so because they have been misled, because they are exhausted, and because we are in an information vacuum. In ways large and small, [the U.S. government is downplaying Covid's continued existence and evolution](#). The U.S. is not alone in this, and almost no matter where you are in the world – at this point in 2023 – your government is probably using the same violent tactics to downplay and minimize the pandemic.

The abandonment by our governments under the guise of “individual responsibility” has meant that harming others as the pandemic continues has been unavoidable for many, many people. Through public policy decisions, propaganda campaigns, and economic pressures, most of us have been forced to be complicit at one point or another; for example, many of us have been forced to travel for work, or have unmasked in a social situation under pressure (to our own deep regret). But many people who are presently engaging in reckless behaviors (like not wearing masks) are not fully aware of the consequences of their actions. Or if they are aware, they don't feel empowered to act, or to face the truth.

Individual risk assessment is nonsensical in an airborne pandemic with a disease that can be transmitted asymptotically; we share the air and we all share this earth.

So we ask that you do not tell people to assess their individual risk, because encouraging more individuality will not get us out of this mess. Instead, you can say: “Save your own life. Protect your loved ones. Protect your neighbors. Break the chain of transmission.” We don't want to lose all of our friends and family (most of whom are no longer taking our same precautions), and we don't think you should have to, either.

When we have conversations with people in our communities, we need to remember that this is all so much bigger than us and our feelings about individuals. We've each taken on a role to agitate for change. So we have to try to hold ourselves to a higher standard: in our personal lives, in our politics, and in our art. We should always be cultivating and nurturing our love and respect for the people (including ourselves). We must continually strive to understand the needs and ideas of the people in our communities, and avoid distancing ourselves from our neighbors by seeing ourselves as better or more enlightened. We should do our best to be patient and undertake this task with care, and not misdirect our righteous anger at these injustices towards our friends. Indulging in that type of thinking maintains the divides created to keep us from collaborating together.

We believe that the great majority of people can, and must, be reached and cared for. In our art and in our organizing, we must remember that our own communities are not our enemy.

We recognize that it is not actually possible to know who is open to change and who is not without first speaking with someone and showing genuine curiosity and compassion.

So when we say we use liberatory harm reduction approaches as a political framework re: Covid, we're *not* talking about personal risk assessments or justifying harm. We are taking this approach when talking with *other* people about mitigations.

We are seeking to transform the root causes of harmful ableist behaviors using harm reduction strategies to:

- Advocate for, center, and protect the people who are most vulnerable to harm from Covid, while recognizing that *everyone* is at risk for severe outcomes and death
- Provide accurate and non-judgemental education to people who have stopped masking
- Help people obtain high-quality masks that fit them
- Teach others how to wear their masks properly
- Teach others how to gather more safely in person
- Encourage more and better masking practices, recognizing that imperfect mask wearing is better than none at all
- Push for better air filtration, air cleaning, and better ventilation in indoor spaces
- Create community with others who are shielding themselves from Covid
- Protect the right to wear masks in public spaces (which is already under threat)
- Protect ourselves and others from forced infection with Covid

For us, this looks like educating people, encouraging mask wearing as much as possible, and recognizing that most people are not going to stay home indefinitely.

We are not telling people to stay home altogether. We are asking them to wear the highest-quality masks they can obtain while sharing indoor air with others. We understand the anger at others who are engaging in unnecessary travel, etc., and we often feel it. But more people masking imperfectly and more often is what needs to happen.

We cannot control how others behave or act on the information we give them. We won't tell them it's OK to go to stadium shows, and we can share with them how those choices impact others. We can speak honestly with loved ones about our feelings and share our knowledge. What they do with that knowledge is up to them.

We fully understand why some people might disagree with these choices and we do not want to speak over or minimize those people's perspectives. Our choices and our experiences with disabilities do not negate the different perspectives of other disabled people.

GUIDELINES & OUR BOUNDARIES

If you are planning to use this guide as a resource for your conversations, we ask that you respect the following boundaries (and agree to all of the following guidelines) before reading further:

1. **We do not believe in dehumanizing other people OR any kind of abuse.** Spreading a virus that can disable and kill people is unacceptable behavior, but it is happening because of failures of government, not individual choice. It is in that context that we are trying to end this behavior by sharing the realities of Covid transmission and the harms this virus can cause. We fundamentally believe that this is *not* inevitable, and that there is always hope for a future without Covid.

◆ **DO NOT use this guide to rationalize harming others or to spread despair and hopelessness.**

2. We do not believe in excusing the behavior of those who have the **ability, knowledge, and resources** to wear high-quality masks when sharing air with others. Encouraging masking more often does not imply that we are giving people a pass to unmask *sometimes*.

◆ **DO NOT use this guide to tell others that it's OK for them to unmask *sometimes* in public spaces.**

- *Our entire society has already given us "permission" to unmask and think only of ourselves. We don't need to add to this chorus.*

3. **You do not have the ability to absolve other people for their harmful behavior.** It is possible to invite other people to reflect honestly on their behavior and make better choices without shaming them AND also without making excuses for their harm.

◆ **DO NOT use this guide to shame other people OR to absolve them.**

- "Harm reduction happens in the pockets of exquisite care we show our loved ones, without questioning or judging their life choices, or imagining that we know better than they do. It's extending a belief system of true autonomy and self-determination: **I trust you, I'm not afraid of you, here are tools that might be useful to you, do with them what you will.**"

– Tourmaline, from [*Saving Our Own Lives: A Liberatory Practice of Harm Reduction*](#)

◆ **DO NOT use this guide to minimize the harms of spreading Covid.**

4. We believe in bodily autonomy, in mutuality, and in consent.

◆ **DO NOT use this guide to coerce or manipulate others into changing their behavior.**

WHO THIS GUIDE IS FOR

This guide is meant to help those who are still taking strict Covid precautions and who believe in the principles of disability justice, abolition, anticapitalism, and harm reduction to talk with people who:

- Are engaging in good faith
- Are basing their decisions and behavior on misconceptions about Covid
- Are willing to grow and change

Only you can say if someone meets those criteria. This guide won't help you argue with abusive people or people arguing in bad faith. Sometimes it's worth using these arguments with bad faith actors if your responses are posted publicly (because people watching the interaction may recognize the truth of your statements even though the bad faith actors won't), but generally, it's better to save your energy to speak with the people who are willing to change.

FOUNDATIONAL RESOURCES/STUDY 101

Harm reduction

What is harm reduction and how can it apply to Covid advocacy work?

"[Liberatory Harm Reduction is grace in practice.](#)" -Dominique Morgan

To quote the brilliant [Shira Hassan](#): "[H]arm reduction was started by BIPOC organizers, by people in the sex trade, by sex workers, by trans people, by drug users, by young people, by people who were street based, by disabled and chronically ill people, by anti-racist activists."

If you are using the term harm reduction, we highly recommend listening to (or reading) [this episode of Movement Memos](#) where Hassan explains Liberatory Harm Reduction and the history of this movement. We cannot separate this term from its history and its radical roots.

Because harm reduction demands that interventions designed to protect people reflect specific individual / community needs, **there is no universal definition of or formula for implementing harm reduction**. We are working from Shira Hassan's definition of harm reduction:

Liberatory Harm Reduction is a philosophy and set of empowerment-based practices that teaches us how to accompany each other as we transform the root causes of harm in our lives.

We put our values into action using real life strategies to reduce the negative health, legal, and social consequences that result from criminalized and stigmatized life experiences such as drug use, sex, the sex trade, sex work, surviving intimate partner violence, **self injury**, eating disorders, and any other survival strategies deemed morally or socially unacceptable. Liberatory harm reductionists support each other and our communities without judgment, stigma, or coercion.

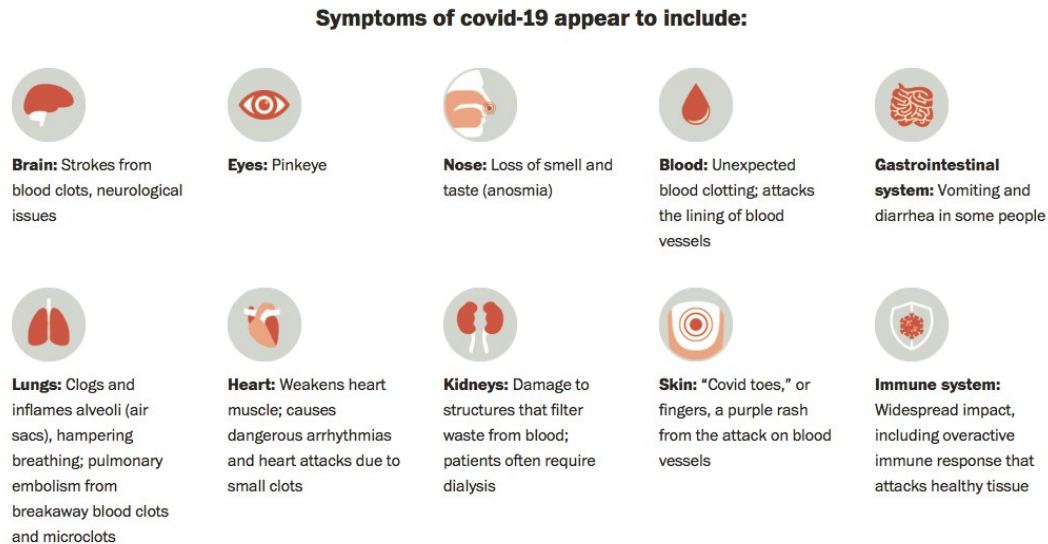
And **we do not force others to change**. We envision a world without racism, capitalism, patriarchy, misogyny, ableism, transphobia, policing, surveillance, and other systems of violence. Liberatory harm reduction is true self determination and total body autonomy.

-Shira Hassan

Other foundational resources

Making sure **you** have the facts & necessary context

Before you can teach somebody else what's going on, it's important to make sure you understand the thing you're trying to explain. There's *so much* misinformation and propaganda about Covid, our understanding of the virus keeps evolving (and is still very incomplete). This is a very, very complicated situation for so many reasons.



If your understanding of the current moment is that 'people are just behaving really selfishly / irrationally, and *that's* why we're in this situation!' then you're framing a systemic problem in terms of individual bad behavior, and this is inaccurate too. We really, really recommend reading or watching some of the following resources before trying to tackle misinformation around Covid or unpack propaganda with someone else:

1. [**"Let Them Eat Plague"**](#)
There is a reason we link this document dozens of times throughout this guide. It's an extremely comprehensive analysis of the pandemic and how we got here. It's a bit academic, but it is very thorough and worth reading.
2. [**This \(Alberta\) website is a great resource**](#). It has videos, toolkits, mask resources, air quality resources, opinion pieces from medical experts, and other educational materials.
3. [**Covid Isn't Over Pt. I**](#) & [**Covid Isn't Over Pt. II**](#) by Central Jersey DSA
[[Slides here](#)]
4. [**Safer In-Person Gatherings**](#) by The People's CDC

HEALTH & SAFETY

Taking Care Of You

([borrowed heavily from this document](#))

This is going to be hard. You are doing this work in the middle of a raging pandemic, so you absolutely need to take care of yourself and honor your limits.

- **Are you ready?** You might be too mad or too sad to have this conversation right now. That's OK. Don't try to have an open and vulnerable conversation at a time when you aren't emotionally OK enough to handle it. You risk creating deeper division instead of moving towards your goals. Connect with your loved one over other topics and mutual values until you're ready to talk about Covid.
- **Find a buddy.** Is there someone in your life who can be ready to receive a rage-text-storm from you after? Someone who can talk on the phone afterward? Get that person in place before you go into this hard conversation.
- **Eat first.** Don't go in hangry (or cold, or overheating)! Take care of your basic needs first.
- **Remember yourself.** If you have any marginalized identity at all (especially true for disabled people), this conversation **will** hurt personally. You're allowed to take care of you. You're allowed to tap out of the conversation, take breaks, or set boundaries.

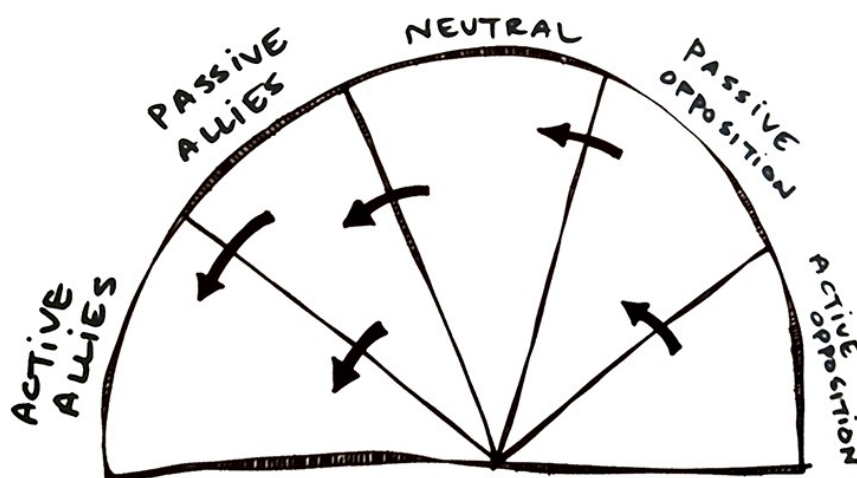
NAVIGATING THE CONVERSATION

Here are some general principles for having these conversations with your loved ones. Remember to start by acknowledging the things they are doing right (no matter how small), reminding them that you care about them and love them, and establishing trust and safety however you can. This really, really helps.

The Spectrum of Allies

This will not be a one-off conversation.

People are not going to change overnight. Be ready for a series of hard conversations. Make space for people to move into. Remember the [spectrum of allies](#):



You need to move people along from where they are now, not where you think they should be. Can you get someone who would glare at a mask-wearing person in the store to consider why they should stop doing that? Can you get someone who swears they aren't sick with Covid, just a bad cold, to take a rapid test and wear a mask or stay home entirely? Can you get someone who won't stop going to nightclubs to at least wear a mask when they're at the pharmacy, where sick people have to go? Remember: you climb a staircase one step at a time, not by jumping all the way to the top.

If possible, talk one-on-one.

Face-to-face is hard right now. But seeing one another helps. Can you find a way to safely see them in-person outdoors? Can you get on Zoom / Google Meet?

Try to avoid jargon / speak the same language.

Ask yourself: who am I talking to? Consider your language, and consider how it might come across to someone else. Try your best to use terms and ideas this person will be likely to understand. Try to approach them as you would approach a friend. Generosity goes a long way. It's really, really important to avoid giving speeches or talking at them—remember, this person also has knowledge to offer you, too! It's so important to take pauses and check in with them; questions go a long way in helping. A general rule of thumb is that it doesn't hurt to avoid jargon, and try to explain things in your own words. Political and scientific terminology (especially complex terms that have multiple concepts baked into them) can be alienating or confusing.

For example, in order for someone to understand what “post-acute sequelae of Long Covid” means they have to first know 1) what sequelae are, 2) what “post-acute” / “acute” means, 3) what Long Covid is. It's better to try to explain concepts in straightforward terms; you're making the same argument, either way—but you're less likely to alienate your friend if you sound like a friend and not a scientist teaching a class.

Try to avoid lecturing and try your best not to get heated.*

People don't want to be yelled at. Your anger is *valid*, and worth expressing, and absolutely justified. All of us writing this are frequently very angry about all of this and having to advocate nonstop for our right to exist! But yelling will most often cause someone else to shut down, and can even be verbally abusive. If you are serious about using conversations for good, it is best to avoid yelling, name calling, generalizations, etc.. Though it is always OK to express your hurt, anger, and frustration in other ways.

- *NOTE: We are all about righteous anger, and please do not think we are trying to police your tone. You are a human being and you are allowed to show up as your messy, angry self. But people are more receptive to gentleness, and it is often possible to be very angry while staying gentle.

“Be ruthless with systems, be kind to people.”

- Michael Brooks

“Each of us is precious. We, together, must break every cycle that makes us forget this.”

- adrienne maree brown

General tips

- **Start from inquiry.** Ask questions. Find out why (and when) they stopped taking precautions or why they are skeptical about vaccines / masks. Don't assume you know! Try to understand what exactly they believe and why. Remember: there has been SO MUCH propaganda and outright lying.
- **Let them know where you agree.** Find the most basic thing that you agree on, let them know you agree, and add a caveat. If they say, "I wore a mask and stayed home for a full year! Why should I keep having to do it now?" You can say, "It's really good you did that. I agree that you sacrificed a lot and that wearing a mask is getting harder due to social pressure. What were the reasons you wore a mask when you did?"
- **Find common points of shared experience.** Scaffolding to support the conversation's more sensitive ground is really important. Going right for the hardest part is risky. So try to build up to it by establishing common ground. The truth is, there are many common areas of frustration, between misleading and confusing guidance from our leaders, being forced back into unsafe working conditions, and the pain and grief of everything we're living through together. **We can find these common points and use them to build bridges.** Some other examples are: the lack of access to paid sick days, travel delays due to constantly sick staff, the ridiculous cost of living, the impossibility of finding up-to-date / accurate Covid information, etc. Find your own and find a way to convey that you share some concerns.
- **Engage their values, not their positions.** Values are things like: "Caring for the elderly and sick is important." Positions are things like: "Biden's Covid response is good / bad." If you can engage on the level of values, you can build a frame to talk about positions in the future.
- **Start with feelings and stories, not facts.** You're probably operating from a *very* different set of facts than your loved one. Fighting them about the details of what they're wrong about is unlikely to actually change their minds (at least not until they've had time to consider these things on their own).

Talk about how you feel ("I'm scared of losing my ability to work if I get Long Covid because I already have a chronic condition") and stories from your friends ("My friends keep their playdates safer by testing beforehand and meeting up outdoors").

- ◆ **This means affirming their feelings, too.** Let them know you hear their fears and take them seriously. They're scared of being the only person in a mask at their school? Talk to them about why. Maybe they're afraid of losing their job if they are the only person masking; that's a valid fear.
- ◆ **Share your own stories of changing your mind about mitigations.** Be ready with some stories of times you changed your mind. Example: "I stopped masking after my booster shot because I thought it protected me from getting Covid or transmitting the virus. But then I talked to some people who got Long Covid even after getting vaccinated, and I realized now isn't the time to let my guard down."

- **Use humor if you can and acknowledge the absurdities.** This is a tricky one, because humor can go horribly wrong too. But humor over common experiences of unfairness, absurdity, and sheer ridiculous situations can help break up the tension if it is reaching too much of a tipping point.
NOTE: please don't punch down! Sarcasm can be really corrosive, also.
- **Notice where they identify confusion.** This is NOT about finding where you think their position is ideologically inconsistent. This is about noticing where they sound unsure or conflicted. For example, they might say something like: "I really think we need to go back to normal, but my son says half of his classmates are out sick every week and I can't miss more workdays." Encourage them to consider that contradiction that already exists within them.
- **Take breaks.** Run to the bathroom and text a friend, if you find yourself getting upset. Get a glass of water. Make space if they're getting emotional, too. Try to show them that you are willing to care for them, even if you disagree with the choices they are making.
- **Invite them to try something new.** Be ready with a few actions they can take that you think might be just on the edge of their comfort zones. Can you get them to commit to masking when they're in the grocery store or on public transit? Can you get them to sit on the restaurant patio when they go out to eat? Can you get them to commit to reading an article? Even if the conversation doesn't go well, you can try saying things like "Well, dad, just for me, can you just wear a mask when you're in places where sick people have to go?" or "Can you at least read this article and tell me what you think?"
- **Be there with them.** Make sure you let them know that the conversation isn't over and they can reach out to you if they want to talk more about what you've said.
- **Give them space.** Let them marinate on what you're telling them. This isn't going to happen overnight.

Affinity groups

If there are vulnerable and oppressed groups that the person you're talking with has an affinity with, invite them to see how wearing a mask is a crucial step toward supporting that community, and share how Covid is affecting that group in particular (see our [Affinity Group Resources](#) section). Also, remember that the people you're talking to are likely part of an oppressed group themselves, meaning it's likely that they already understand many of the ways in which the government has let their communities down before. Remember: our struggles are all linked, and the point of considering affinity groups is not for sympathy or charity but for **solidarity and connectedness**.

"If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."

- Aboriginal activist group, QLD Australia (1970s)

"There is no such thing as a single-issue struggle because we do not live single-issue lives."

- Audre Lorde

We need to move away from framing our decision to mask as doing so mainly out of charity for "the most vulnerable." Framing Covid as something that only affects the sick has led to where we are right now. The policy decisions that work to normalize Covid and downplay its risk to the working class benefit from the pre-existing political and economic conditions that have long been used to control working people. These are intentionally designed policies that serve to utilize the disabled population as a threat to control and disempower the working class.

"Public policy that equates disablement with poverty means that becoming disabled (a nonworker) translates into a life of financial hardship, whether one has public assistance or not, and generates a very realistic fear in workers for becoming disabled"

"If workers were provided with a federal social safety net that adequately protected them through unemployment, sickness, disability, and old age, then business would have less control over the workforce because labor would gain a stronger position...Business retains its power over the working class through a fear of destitution that would be weakened if the safety net were to actually become safe."

-Marta Russell, "Marxism and Disability," as referenced in [this article](#)

So of course, in a society that equates medical aids with disability and illness, it is easy to consider mask wearing and other Covid precautions as something that is only for the "vulnerable" or disabled, a category that is understandably feared by the working class due to the political and economic realities of being disabled under a system that uses your suffering for leverage and profit.

We are ALL at risk from Covid. And we all deserve freedom from that risk.

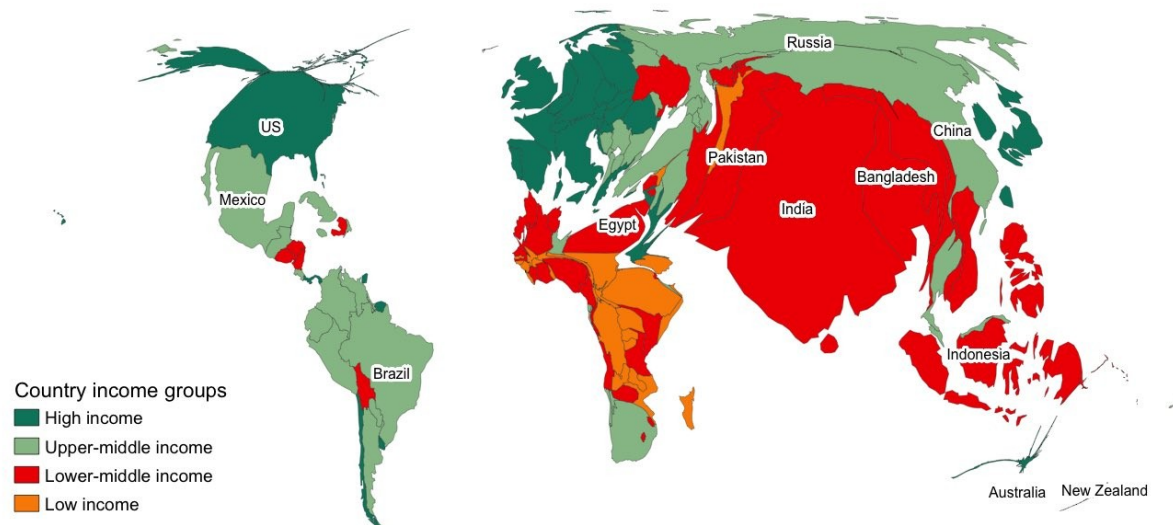
The framing of risk as exclusive to vulnerable people leverages [pre-existing political and economic pressures around disability](#) to allow people to continue to see themselves as separate from those considered “at-risk”, “vulnerable” or disabled and gain a false **feeling** of safety. It has never been true that only the “sick and elderly” are at risk - and it wouldn’t be okay to abandon them if they were - but many people still believe this lie in order to **feel** safe.

Feeling safe and being safe are not the same thing.

Safety comes from taking actions that protect the whole community. The policy decisions made by our leaders mean that in May 2023, 1200+ days since the virus SARS-CoV-2 was first identified, [Covid claimed a life every three minutes - and that’s just the ones we know about](#). There have been over 680 million confirmed cases, 6.87 million officially recorded Covid deaths and a worldwide excess mortality of over **22 million**. Probably more. Many millions more have Long Covid as a result of these governmental failures. The policy choices that have been put in place have *never* been about protecting our safety, and they have never been about protecting our collective interests. Once again, it has been about profit over people.

The global excess mortality burden

Land mass = 22 million cumulative excess deaths globally



Source: The Economist; WPP. Updated: 2023-05-05. Note: Gastner-Seguy-More cartogram based on WGS84 projection. Made with cartogramR and mapsf. Excess death numbers are mid-point estimates derived from The Economist's excess death model. For viz purposes, countries with negative estimates are not shown. The 10 countries with the largest excess death count are labeled. Australia and New Zealand are also labeled to help locate them on the cartogram.

Regardless of your current health status, Covid is a serious ongoing danger to every single one of us.

We all deserve safe homes, workplaces and communities.

DEAR acronym

Another good resource for approaching requests is the DEAR MAN method from Dialectical Behaviour Therapy. It's concise, it's firm, and it's a tool taught by some therapists. We don't love the "MAN" part as much, because it kinda verges into manipulation (e.g. "appear confident" regardless of how you feel). But [the DEAR half](#) is solid:

(NOTE: The text below comes [directly from this website](#), with the exception of the examples, which we wrote)

Describe the situation in a simple way. State only the facts in your description. At this point, you're not expressing your feelings or asking for anything. You're setting up for the conversation using facts.

Why this? The person you're talking to might not understand or be aware of the situation leading to your request. By describing it factually, you're making sure they understand the circumstances that are leading you to this request.

Example: "The pandemic is not over, and people are still catching and spreading Covid. Each new infection increases your risk of becoming disabled with Long Covid, and the damage caused by the virus is cumulative. Hundreds of people are still dying in this country every week."

Express how you're feeling using "I" statements. An "I" statement means that you're taking accountability and prevents the other person from going into defense mode.

Example: "Because we both have chronic health issues, I'm worried that you or I could become disabled by Long Covid if either of us were infected again. I feel left behind when I see you living like the world has gone back to normal, when I can't safely go to the doctor. I'm trying not to be angry or judgmental, but I do worry that you could end up catching Covid and I often feel sad or distanced from you."

Assert by either asking for your need or saying no firmly (depending on the situation). To “assert” your needs means that you are asking for what you want in a clear and strong way. Don’t beat around the bush or don’t allude to what you want.

Why this? No one can read your mind! An unclear expectation is a major source of contention in relationships. Take away the ambiguity and ask directly and clearly.

Example: “I have decided that you can only stay at my house next month if you’re willing to mask beforehand, take a test, and mask in public while you’re here. I won’t dine indoors with you, and these are the rules for anyone who stays at my house. These boundaries aren’t negotiable.”

Reinforce by making sure that the other person knows why they should grant your request.

Why this? Relationships are built on reciprocity. We usually do this naturally. If someone does us a favor, we’re more likely to do them a favor in return. Reinforcing the DEAR MAN skill reminds the person that something’s in it for them, too, and can even help build the relationship.

Example: “I really appreciate that you’re still wearing a mask in high-risk settings, that you’re caring for people in your community by helping out with your elderly relatives. I appreciate you listening to me, and I hope you’ll know that I’m asking this because I’m trying to do what’s best for my health and not get sick. You’ve always been a good friend and you mean a lot to me.”

[For more on DEAR-MAN, click here.](#)

Talking Points & Resources

Main Talking Points:

The most effective talking points that will apply in basically all discussions:

- You can [live your life](#) while still taking Covid precautions! No one is asking you to stay home 24/7.
- [Covid is one of the leading causes of death worldwide](#) and [the pandemic never ended](#).
- [Covid is 5-10 times deadlier than the flu](#). It hasn't become milder.
- [Vaccines don't stop us from catching or spreading Covid](#).
- The government and the media have repeatedly lied to us about the severity of Covid and about the pandemic being over, and it's not your fault if you believed them.
- Many people who catch Covid have lasting, severe symptoms; this is called [Long Covid](#).
- **Long Covid (definition from [The Long Covid Survival Guide](#)):**
 - Covid-19 long-hauler and advocate Elisa Perego coined the term, which refers to a range of infection-associated illnesses that present as new, returning, or ongoing health problems experienced by people four or more weeks after their initial coronavirus infection. Rarely, similar prolonged symptoms have been reported with SARS-CoV-2 vaccination.
 - Fiona Lowenstein et al
- Long Covid is a common outcome after a Covid infection, especially repeat infections. You might seem to "recover" from the acute infection and then get sick again. There is no guarantee on when or if people with Long Covid will recover.
- **Long Covid can affect anyone**, even previously healthy people and kids—even if you're vaccinated.
- Covid-19 is devastating kids and adults today, both vaccinated and unvaccinated. And, it's getting worse, not better.
- [The more times you get Covid, the more damage is done and the more at risk you are for serious disease, Long Covid and death](#).
- Long Covid has no cure, and is a serious disability affecting millions of people, affecting their quality of life and forcing people out of work.
- [Studies show that high-quality masks \(respirators\) work to stop Covid transmission](#), because Covid is airborne and masks filter the air we breathe.
- [Outdoor transmission is possible and not that rare](#).
- It doesn't have to be this way! We can take care of one another.
- [The richest and most powerful people in society aren't taking their chances with Covid](#), because they know it's not over and not the flu.
- There are new vaccines that might actually stop transmission and new treatment options being studied, but we have to work together to get there.

SEE INFOGRAPHICS AT END FOR VISUAL AIDS

Transmission Data

If you can, familiarize yourself with your local transmission data, how that data is currently being recorded, and the pattern over time. Governments have been cutting back on Covid reporting and research for a long time now. This means that we have less and less comprehensive data sources, especially real-time sources. But that doesn't mean we're completely in the dark - there's still many people analyzing the clues and information we do have available. Where there is poor transmission data collection, you can look for analysis from actuaries, wastewater testing, death certificate info, and excess death data for information on how Covid has affected where you live.

Resources to find available data for different places:

- USA: [COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023](#)
- Canada: [Canadian COVID-19 Hazard Index](#)
- Australia: [COVID Live](#)
- UK: [Deaths registered weekly in England and Wales, provisional - Office for National Statistics](#)

Affinity Group Resources

What kind of things does the person you're talking to care about? What communities do they have connections to? Find out, research the impact that Covid has, and talk to them about it.

Here's some examples:

- [BIPOC are disproportionately affected by Covid.](#)
- [So are members of the LGBTQIA+ community.](#)
- If they're a feminist (or a woman, or someone who knows and loves women), they should know that [women are at a greater risk for developing Long Covid.](#)
- **Disabled and chronically ill people** are being confined to their homes indefinitely and left to die.
- **Poor people & homeless people** are extremely vulnerable to dying from Covid.
- **People in prisons** are extremely vulnerable to dying from Covid.
- **People in nursing homes or institutional facilities** are extremely vulnerable to dying from Covid.
- **Infants & pregnant people** are very at-risk (worth reminding people that babies can't wear masks and are greatly at risk from Covid and other respiratory diseases).
- **People trying to get pregnant** should know that [Covid has been linked to infertility.](#)
- [Animals and wildlife](#) can get Covid (and Long Covid). Covid is very much an environmental issue.
- **Working class people** are getting sick repeatedly and missing work (without access to healthcare or paid sick leave) and are forcibly exposed to Covid if they have to work in-person. Many workplaces have had outbreaks of Covid.

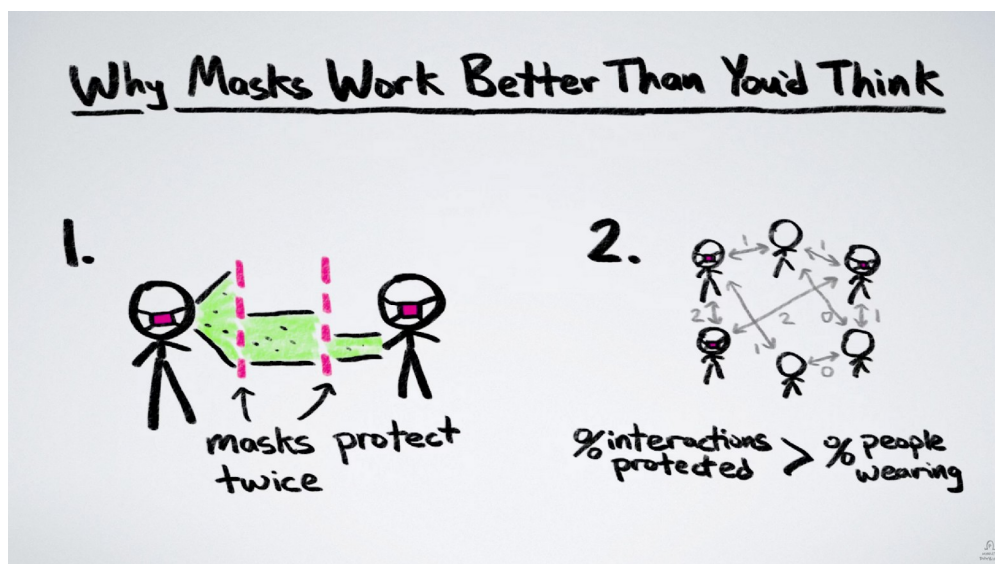
SIDE NOTE FROM A FORMER WAITRESS:

I've heard a lot of people justify not masking around waitstaff because the workers themselves are unmasked. What they don't realize sometimes is that these workers may be penalized at work for wearing a mask or outright forbidden from doing so. It's worth pointing this out to people. When I worked in restaurants, I was told I'd be fired if I didn't wear makeup every shift, and restaurant owners *know* that many of their customers hate seeing masks.

- **Musicians** are getting Long Covid because of having to perform in front of so many unmasked crowds. Here's a [massive Twitter thread](#) showing all of the tours that have been canceled or postponed due to artists being sick.
- **Pet owners** should know that their [pets can get sick with Covid.](#)

Mask Up!

Wearing a mask is simple, but the topic is complicated. Masks have been politicized. Hospital shortages in the past once meant that people were directly discouraged from buying and wearing them. Misinformation about masks is *everywhere*. And on top of all of that, there are so many different types of masks with varying degrees of effectiveness (which is also determined by whether or not they fit). But masks remain one of the most effective and accessible tools we have to reduce the transmission of Covid. And they might work even better than you think!



Watch this video or read this resource:

- Video: ["Why Masks Work BETTER Than You Think"](#)
- Explorable essay: ["The Multiplicative Power Of Masks"](#)

Masking, like much of public health, is a collective action and a shared responsibility. In societies where collective masking isn't established, [most people don't want to stand out and wear a mask \(for inferior 1-way protection\).](#) [But many, many people would wear masks if they knew most people would also be wearing them;](#) in this case, people can get superior protection *and* they don't risk standing out.

Our governments have given confusing messaging around masking, even outright discouraging it. We believe there should be widespread endorsement by our governments, pro-masking campaigns and education, and free and accessible availability of quality masks. We still hope these are actions taken in the future, but the failure of governments have left it up to us. **The good news is that every person that masks has an impact on reducing transmission that is larger than themselves. The more interactions that contain masks, the better!**

So let's do what we can to encourage masking and make it accessible. Every mask worn makes an impact! Masks work!

Common Misconceptions

...AND HOW TO RESPOND TO THEM WITHOUT (OUTWARD) JUDGMENT

But what about specific arguments? How can you respond to the specific things that people say to you without losing your temper? Here are some ideas and sample scripts, along with suggestions for following up in further conversations (plus additional resources where you can learn more).

A NOTE ON CONVERSATIONAL APPROACH:

In this document (and when we're talking to others), **we are often starting from a point of taking people at their word.** Of course, many people are making flimsy excuses. But there are many reasons we take this conversational approach, and none of them are intended to accept what others are saying uncritically.

Why go this route? Well, if someone says they aren't masking because masks give them acne, and you respond by offering to troubleshoot their acne problem or find them a better mask, they will then have to come up with another (likely truer) reason for why they stopped wearing a mask. Or, they might feel uncomfortable in the face of their own lie, which is a productive sort of discomfort that can sometimes lead to positive change.

You also might find that some people haven't been given a chance to really think about and discuss these topics, and by talking about it openly, hearing them out and finding shared values, they may come to their own conclusions and end up asking you what they should do.

Asking genuine questions and offering pragmatic solutions is one way we have actually gotten people in our lives to start wearing masks again. And angry accusations—while often completely deserved and sometimes unavoidable—frequently lead others to shut down.

Remember: We need more people to wear masks.

In our view, taking others at their word in the beginning is an effective way of disarming defensiveness and getting to the *real* root of why someone stopped wearing masks, but we are not suggesting that this is the only way to approach these conversations. As with all things, your mileage may vary. No, facial acne is *not* a good reason to stop wearing masks, and we want to make it abundantly clear that's not what we're saying or arguing! We are being strategic and empathetic as much as possible, because telling someone "Hey, you're full of shit" might *sometimes* be the move, but it can also lead someone to exit the conversation or the relationship altogether, or just emotionally tune out (while the harm continues). And again: **most people do not know what we know about Covid.**

It's extremely understandable to feel betrayed and upset at individuals, but the primary focus and blame should always be on the systems and people in power, who bear the brunt of the responsibility for this disaster.

MASKS

Note: this document uses N95 as a stand-in for a mask that has minimal inward leakage. (More on this shortly.) Substitute your own local variant (where applicable) as needed.

“Masks don’t work” / “masks aren’t safe” / “masks are dangerous.”

There has been a lot of confusing and bad guidance going around about masks, and I don’t blame you for thinking that. A lot of people have been claiming masks don’t work. But those people either A. don’t know what they’re talking about, or B. they’re just trying to minimize the risk to make people return to business as usual, most likely so we’ll all go back to work and not disrupt the economy too much. If someone is telling you this, it’s because they’re selling something (and selling the illusion of normal counts as selling something!) Why do you think masks don’t work?

[Listen to what they say. They will probably reference some article they read or point to a high-profile ‘expert’]

It’s scary that even some trusted experts have been loud and wrong about this! The truth is, the op-ed that went viral about masks not working was based on flawed research, according to the vast majority of scientists who have responded to it. [Here’s an article that explains why \(in a really straightforward way\)](#). Can I share this article with you?

The truth is, [N95 and similar masks are really, really good](#) at protecting you from Covid, especially if they’re fitted. [Surgical masks are better than nothing but way, way less effective.](#) **And masks only work as well as you wear them-if there’s big gaps in your mask, they can’t work the way they were designed to.** If you want, I can help you find a good mask that fits you!

NEXT STEPS:

Plus, lots of businesses rely on people doing things in person. That means that people choosing to limit their in-person activities would impact the economy, and that’s the one thing all of our political leaders and our bosses are always going to do everything in their power to avoid. Masks remind people that the pandemic is not over, and that’s why a lot of companies and leaders are urging people to throw caution to the wind and stop wearing masks; they want us to live like it’s 2019, because they need to keep making money.

Also, we know masks work, because people used them all the time even before the pandemic! Firefighters wear masks to protect themselves from smoke inhalation. Painters wear masks to avoid inhaling dangerous particles and chemicals. People in Japan have been wearing masks during flu season for *years* to prevent people from getting sick. And they are a key piece of PPE (personal protective equipment) for many industries. We wouldn’t need masks in all those scenarios if masks didn’t work to filter the air. Would you be interested in me sharing some articles that helped me trust that wearing a mask was safe?

FURTHER READING:

Here’s a scientist explaining why [masks are safe for kids to wear](#) (and explaining why that JAMA Pediatrics study was very flawed).

Here's an article explaining [the engineering science that shows how masks work](#) and how millions of people, across occupations, have been trusting their lives to masks for decades (it also explains why that Cochrane review was very flawed).

“Masks do work, but cloth masks are fine.” / “I wear a cloth mask!”

It's great that you're trying to protect yourself and the people around you! But because we now know that Covid travels like smoke through the air, because there's been more research since the pandemic started, and because Covid is *WAY* much more contagious than it used to be, we now know that sadly, [cloth masks don't offer very much protection at all](#).

- [N95s provide the best protection against Covid](#), and they work against all variants
 - There's VAST differences in inward mask leakage between N95s and other masks (and remember: leakage is what we're trying to avoid):
 - **Fabric 70%**
 - **Surgical 44.2%**
 - **KN95 16.1%**
 - **N95: only 0.6% (this is why they're the safest!)**
 - It takes only a very tiny amount of viral aerosol to cause a Covid infection - so N95s are the best masks for preventing infections, because they filter air the best.
 - However, there are a lot of other considerations. If someone is opposed to wearing a head strap N95 but is willing to wear a bifold mask, they are far safer (and the people around them are safer) with this person wearing an imperfect mask than this person not wearing a mask at all. Remember: the goal is harm reduction.

If they're still wearing cloth masks:

- Offer to help them find a better mask (N95, KN95, elastomeric)
- NOTE: Please let them know that double masking (or decorating the front) with N95s is NOT RECOMMENDED AND NOT SAFE:
 - [N95s work because of their electrostatic charge, which can be dispelled by moisture or any additives to the front of the mask](#).
 - Layering surgical masks on top of N95 is not recommended, [because doing so can cause leaks to happen](#) (however, some hospitals are requiring people to do so).
- Be sure to thank them for doing their best to protect themselves and the people around them!

“Masks are uncomfortable” / “I can't breathe in a mask” / “Masks make my skin break out” / “Masks fog up my glasses so I can't see” / etc.

Start by asking questions about which masks they've tried! A lot of people have only ever worn blue surgical masks, or the kind of cloth mask that

sits directly across your lips (AWFUL). Try to figure out which masks they've tried and what the issue is. Approach their concern as genuine and offer them actual solutions to see if this is just a deflection from their *real* reason. Some people really might not realize that there are ways to stop their skin from breaking out / glasses from fogging up / masks from suffocating them!

If they don't wear masks because masks aren't comfortable:

- "Some masks ARE really uncomfortable! I can't stand wearing cloth masks against my mouth. But I've found masks that I can wear for hours, and I'd rather be slightly uncomfortable than risk my long-term health or get someone sick. Living with chronic illness means having to deal with pain every single day, and that's why I'm wearing a mask right now. What if I found you a more comfortable mask so you can stay safe? Are you willing to at least try one of mine?"
- **If you have extra masks, offer them some of your most comfortable ones to try.**
- **Offer to help them find masks that are comfortable** (check local mutual aid groups in your city, free health clinics, local libraries, etc.)
SEE ALSO: ["I can't afford high-quality masks" section below](#).

If they're claustrophobic and can only handle the most extra lightweight mask, [here's a Twitter thread filled with recommendations](#) from people who struggle to wear masks for long periods, including:

- [Kimtech™ N95 Pouch Respirator](#)
- [Gerson duckbill N95s](#)
- [Softseal masks](#) are designed to be extra comfortable & come in a bunch of styles

If they don't wear masks because their glasses are always fogging up:

- [Here's a guide](#) from Warby Parker that troubleshoots foggy glasses from masks
- Help them make sure their mask fits and has a nosewire
- Offer to give them some [anti-fog lens wipes](#) (or lens cleaner)

If they don't wear masks because their skin is breaking out:

- Using antiseptic mouthwash before putting on your mask [might actually help prevent breakouts](#)
- Skipping makeup & sunscreen under masks helps a lot
 - [Best practice is to avoid occlusive skin care, like rich moisturisers, during the day when wearing a mask so the occlusive environment isn't amplified.](#)
- Make sure they're wearing a clean mask
- Remind them that pimple patches can be worn under masks (no one will see them!)
- Washing your face before and after putting on a mask seems to help a lot!
- Suggest taking brief mask breaks every couple hours (while stepping outside!)
- Offer to help them find a more breathable mask
- **NOTE:** Acne can be emotionally difficult to deal with and physically painful. It can mess with self esteem and negatively affect mental health,

or exacerbate skin picking compulsions, etc. So while it's obviously not OK to stop masking because of acne, chalking someone else's skin concerns up to vanity (or mocking them for having this fear) is unhelpfully dismissive and won't encourage them to mask. Try your best to treat their concerns as valid while reminding them that Covid [can also cause severe skin issues](#) and causes [premature aging to not just our skin, but to our entire body](#).

"I can't find a mask that fits my face!"

- N95 masks are the American standard and were primarily designed to fit the faces of white men working in industrial jobs, so it's not uncommon to find difficulty getting a good seal - but the best mask is one that fits. Try a KN95 (Chinese standard) or KF94 (South Korean standard) for a different fit and [read this for further information](#).
- It's possible to [staple 3M Aura masks at the chin \(as demonstrated by Alex here\)](#) for a tighter fit, and supposedly, this hack has successfully passed fit tests.
- If you're an adult with a smaller face, a good bifold option is the [M95 mask by Lutema](#)
- Mask braces can be a good option to ensure a tighter fit
- Some companies make [variety packs of masks](#) so you can try a bunch and see what works for you
- Medical tape can help secure your mask to your face and ensure a good seal
- Adhesive foam can be bought online and applied to the inside of your mask to improve the fit [like this from Amazon](#)
- **[IMPORTANT GUIDE TO FITTING BIFOLD MASKS HERE](#)**

- [Make sure they know how to correctly wear a respirator! Here's a guide](#)

“I can’t afford high-quality masks.”

First of all, I’m really, really sorry that you are financially struggling. It should not be our responsibility to pay for this PPE. The government *can and should be* providing us with masks. Fortunately, there are groups providing free masks, and I can try to help you find some. If you want, I can try to help you locate masks in your city.

- In the U.S., [Project N95](#) is giving away masks
- [Donate a Mask](#) is a good Canadian equivalent
- Try calling your local free / low-cost health clinic (if that’s an option); some of these places offer masks
- **Mask blocs** are activist groups popping up across the country, offering free masks.
- Check harm reduction orgs in your city as well

Fit Check for P2/N95 respirator

The infographic is divided into six steps, each with an illustration and a text box:

- Step 1:** Illustration of hands being washed with soap. Text: "Perform hand hygiene".
- Step 2:** Illustration of hands holding a respirator. Text: "Select the P2/N95 mask that fits you well. Only touch the outer edges. Separate the edges and straps. Slightly bend the nosepiece to form a gentle curve".
- Step 3:** Illustration of hands separating the headbands. Text: "Use index fingers to separate the headbands. Hold the headbands in your fingers and position the P2/N95 mask under your chin with the nosepiece up".
- Step 4:** Illustration of a person wearing the mask. Text: "Pull headbands up over your head and ensure top strap is resting high at the back of the head and above ears. Ensure bottom strap is positioned below ears."
- Step 5:** Illustration of a person pinching the nosepiece. Text: "Place fingertips of both hands at the top of the metal nosepiece. Mold the nosepiece, using the fingers of each hand, to the shape of your nose. Pinching the nosepiece using only one hand may result in less effective respirator performance".
- Step 6:** Illustration of a person wearing the mask. Text: "Once a good facial fit has been achieved, proceed to Steps 6a. and 6b".

Step 6a. Positive seal check

- Exhale sharply. A positive pressure inside the respirator = no leakage.
- If leakage, adjust the position and/or tension straps

Step 6b. Negative seal check

- Inhale deeply. If no leakage, negative pressure will make respirator cling to your face
- Leakage will result in loss of negative pressure in the respirator due to air entering through gaps in the seal

Continue to fit PPE in the recommended order

- Amazon has a wide variety of KN95 & N95 masks, and they often go on sale
- **Most N95s can be reworn a few times**, and a lot of people don't realize this! We don't throw out our masks after a single wear. We use the paper bag method:



INDIVIDUAL VS GOVERNMENT RESPONSIBILITY

“Nobody’s masking anymore”

Lots of people (including me) are still wearing masks! Just because you don’t see them doesn’t mean they don’t exist. [A recent poll showed that nearly a quarter \(21%\) of Americans still mask most or all of the time, and about half of Americans \(48%\) are continuing to mask up in public on at least some occasions.](#)

People in large cities, people in other countries, people who shop at the grocery store right when it opens to avoid peak hours, people undergoing cancer treatments: all of these people are wearing masks, but you’re not seeing them because you’re not going to the same places at the same times. I still wear a mask! Also, the rich and powerful are absolutely still wearing masks and requiring the people around them to mask and test frequently.

[Look at how the billionaires at Davos protected themselves from Covid just earlier this year.](#) They had tests, masks, high-end air filters, UV filtration, upgraded ventilation, and more, because they know the pandemic isn’t over and that Covid is extremely dangerous. They’re telling us it’s over, because they don’t want to pay to make their buildings safer, because they don’t want us to stop spending money, and because they don’t care about whether we live or die.

“I shouldn’t have to wear a mask. It’s the government’s responsibility to enforce masking / improve ventilation. / This is a systemic problem and the burden shouldn’t be put on individuals to do the right thing.”

You’re right that the government should be doing something! It should not be on each of us as individuals to do the right thing, and we’ve been left to fend for ourselves as things get worse. **But our individual actions do matter, and we can’t use the government’s lack of a response to justify harming one another.** Prioritizing our short-term comfort over our futures is a recipe for disaster. Besides, every chain of transmission that we break is valuable. Preventing another person from getting sick and having to miss work means that the other person won’t lose a week of income. That matters. Not everyone has paid sick leave. Not everyone has health insurance. Small actions can make a huge impact on someone else.

As we continue to pretend everything is normal, the virus continues to evolve. The longer we allow ourselves to be led by individualism or to only think of our own needs, the sicker we will all become.

“Just because the state is not doing its part, doesn’t mean we as community members and individuals are absolved of our responsibilities for cultivating collective safety in our everyday interactions.”

- [ji-youn kim](#) ☐☐☐

“The pandemic is over.” / “If things were really that bad, government leaders / media outlets / other people would definitely be talking about it.”

[This video](#) made by [Marie Cuyaa \(@mariecuyaa on TikTok\)](#) is really an incredible way to tackle this answer, and the transcript is provided below in full. Remind people what they saw and lived through in 2020. Talk about the political issues that your loved one cares about.

TRANSCRIPT / WORDS BY @mariecuyaa:

So two days ago, BNO News on Twitter shared that Iowa will be the first state to stop reporting Covid data. You might be wondering, *Why should I care? Covid is not a big deal. The pandemic is over. We have the facts now. Like, whatever, right?*

I'm here to tell you that's not true. Covid is very much still a big deal. But the government does not want you to know that. So we can probably expect more states to follow suit and stop reporting on Covid numbers of infections as well.

Now, I know folks are going to be like, *Oh my God, you're a conspiracy theorist!* I want you to think about 2020. I want you to think about the level of organization we saw happening around issues like labor movement, tenant rights, prison abolition and police brutality, universal health care. We saw people organizing in a way that we haven't seen in a really long time in this country, because people had the time. Because people were like, *Whoa, you know what? It is not normal for me to work 40 hours a week. It is not normal for me to be paying 2k for a studio and be at risk of losing it. Any time that I lose my job. It's not normal for me to have to pay thousands and thousands of dollars just to get healthcare in this country.* Right?

So, the government got scared of y'all organizing. They got scared of that happening, and the economy was also affected by people not working anymore. So what was the solution? Get these people back at work at the risk of their health. So they made us go back to work. **They made us think the vaccine fixed things, that only immunocompromised and elderly people would be affected by Covid.** That's not true. Covid affects literally every organ in your body. Even a 'mild infection' messes you up and can have long lasting impacts. All right?

Covid is constantly mutating. It's been mutating. There are over 600 variants.

Right now the latest, XBB.1.16, is making waves in India and other surrounding countries. And it's here in the U.S. as well. Covid is not building up your immune system. If that were true, then why are people constantly getting sick these past three, four years? It's still around, and you should still care.

-[Marie Cuyaa \(@mariecuyaa on TikTok\)](#)

CASE STUDIES IN MITIGATIONS FOR THE RICH & POWERFUL

The richest and most powerful people in the world are taking zero chances with Covid, and they *know* the pandemic is not over and that Covid is airborne. Their precautions are extensive & hidden from view. From politicians to the military to musicians, here's some examples of ongoing protections for the rich and powerful:

Billionaires are staying safe! We should too! (#DavosSafe)

"World Economic Forum: Here Are All The Covid-19 Precautions At Davos 2023" by Bruce Y. Lee (Forbes):

"[s]o why is the WEF [World Economic Forum] going through all of these efforts when many stores, restaurants, airplanes, trains, Ubers, workplaces, or even health clinics around you don't seem to be doing the same? Is it more about them than you? Or, more specifically, is it about who is attending the WEF than you? Let's see, how might the types of people attending the WEF at Davos be different from you?

It's by invitation only. Attendees include several thousand investors, business leaders, political leaders, economists, celebrities, and the like. Founded on January 24, 1971, by German engineer and economist Klaus Schwab, the WEF is a not-for-profit foundation that "engages the foremost political, business, cultural and other leaders of society to shape global, regional and industry agendas," as described by the WEF website.

So the WEF Davos 2023 is clearly a collection of people who have access to resources, connections, and influence that most people don't have." (the bourgeoisie)

Therefore, it is interesting to see the contrast between what's being implemented at the WEF versus what you see in places around you and hear from the political and business leaders.

While elites take every COVID precaution possible when they meet with each other at the World Economic Forum, they go home and tell us that COVID is no longer a threat, and the pandemic is over. Actions speak louder than words.

So if you are wondering what to do about Covid-19, maybe you should take a closer look at what political and business leaders are actually doing rather than saying. For example, are those political leaders who are pushing against Covid-19 precautions on public transit actually taking public transit themselves? Are they actually putting themselves at the same risk for getting Covid-19 as every day people? Or are they really doing more to protect themselves? If you don't do what leaders actually do for themselves, you could find yourself in some deep doo-doo.

-Bruce Lee, Forbes

Politicians

Joe Biden isn't taking his chances with Covid, because he knows it's deadly. When Biden gave a maskless speech last year at a high school, his team literally removed gym windows to rig a (temporary) high-end ventilation setup (see below)! This is *not* a standard event setup; this is an unprecedented level of precaution that was undertaken to keep the president safe. Photos from this event show Joe Biden smiling and maskless; what most people didn't get to see was the extra air conditioners (possibly equipped with HEPA filtration and/or UV).

Here is the [link to the original tweet](#), which shows the view from inside the building as well. Here is a [blog post about this story](#), because some parents wrote about this exact situation and drew these exact same conclusions:

Friday, August 26, 2022

Biden Brings His Own Ventilation to @mcps High School #CovidIsAirborne #CO2

On Thursday, August 26, 2022, President Joe Biden held a rally in the gym of Richard Montgomery High School in Rockville. Montgomery County is currently in a period of HIGH Covid-19 Transmission with a Positivity Rate of 11.65%. What's a President to do with a potential super spreader event? Why, bring his own ventilation, of course!

Take a look at the air handling units that were added to the outside of the Richard Montgomery High School gym for President Biden's rally:



How do MCPS students that use this gym year round get the same type of ventilation upgrade for their use of this space?

[-Parents' Coalition of Montgomery County, Maryland](#)

This picture should raise questions and set off alarm bells. Why should Joe Biden tell parents their kids are safe to be maskless in crowded, poorly-ventilated classrooms and gymnasiums during periods of high Covid transmission, when he is well aware that ventilation in these spaces is a dangerous problem? **Why should he get clean air, but not your kids?**

Further, air conditioners like the ones in these photos can be equipped with HEPA filters (which trap viral particles and make indoor spaces safer as a result). And bringing in lots of fresh outdoor air significantly reduces the concentrations of CO2 indoors, lessening the amount of virus in the air and making the space much safer.

The company whose equipment is pictured has HEPA filtration options available in their online brochure. It's very possible and very likely that Biden's team went with the premium option & added HEPA filtration (the company offers UV light sanitation options as well).

Indoor Air Quality & Filtration

Air Cleaners - AC, HEPA

BOLAND
Supply

	AC 22	AC24	HEPA
Order Number	GR #4422	GR #4424	GR #4500
Type	Expandable Media	Expandable Media	Cartridge
MERV	11	11	HEPA
Rated Air Flow (CFM)	2000	2000	2000
Dimensions (Inches H x W x D)	22.125 x 10 x 25.563	17.75 x 10 x 27.938	22 x 17 x 13
Weight (Pounds)	32	34	20
Inlet Duct Opening (Inches)	19.813 x 21.813	15.438 x 23.813	8
Outlet Duct Opening (Inches)	19.813 x 22	15.438 x 24.5	8
Filter Area (Sq. Ft.)	77.1	72.3	NA
Power	NA	NA	120 VAC @ 60 Hz
Amps	NA	NA	1.5A
Operation	Air Flow from Furnace Through Air Cleaner		
Replacement Filter (1. Replace every 6-12 months) (2. Replace every 2 years)	12758 (GR #4001)	401 - 13156 (GR #4061)	1. RHP562 HEPA Filter (GR #4520) 2. AP9564 Annual Kit (2) (GR #4510)
Installation	Return Air Duct	Return Air Duct	Return Air Duct
Pallet Quantity	10	10	20
Warranty (Years)	10	10	5
In the Box	Air Cleaner, Filter, Plect Spaces, Installation Manual		Air Cleaner, Filters, Installation Manual
Typical Application	Inline	Inline	Duct (bypass) or Wall (remote)

Features

- AC Air Cleaners
- Built-In Filter Change Indicator
- Ten-Year Warranty

HEPA

- 2-Speed Motor
- Child Safety Switch
- Easy-Open Door Latch
- Five-Year Warranty

But whether HEPA filters were added on or not (we can't tell from the photo), bringing in so much fresh indoor air made the gym much safer for him while he was at the school...but the White House is not funding upgrades to school ventilation systems, or being transparent about the mitigations undertaken to keep Biden safe at all costs. [The parents at Richmond Montgomery were rightly angered by this](#), and so are we.

In response to the image of the AC units on Twitter, NALTIC Industrials, LLC (the company that is the first distributor of Aranet4 in the US) described the elaborate setup as “unprecedented” (see below).

And they would know! NALTIC services “Aerospace, Military, Gas/Oil Wellhead, and Manufacturing companies” and NALTIC Industrials (NALTIC) “provides only top-of-the-line industrial hardware, and raw and specialty chemicals, all across the United States and worldwide.” If they’re describing this setup as “unprecedented” (and if you have ever been to a televised indoor event where the building’s windows remained intact), it is pretty safe to say that this was not an ordinary AC setup.



Wow... this is unprecedented!

 **'Mr. B' Bernstein** @bernstein_teach · Aug 25, 2022
Richard Montgomery HS is hosting @POTUS! How cool is this?



10:06 AM · Aug 26, 2022

(Shoutout to the Parents' Coalition of Montgomery County, Maryland for sharing this information with the rest of us. We share your belief that kids deserve clean indoor air.)

OTHER PRESIDENTIAL PRECAUTIONS

Biden and his staff require the people around them to take PCR tests before getting anywhere near him. [Here's an article from May 2023](#) about how the White House Correspondents' dinner attendees are all being asked to test for Covid (because 2022's dinner was a superspreader).

US Military

The military knows that Covid is not over. **THE U.S. Department of Defense is investing in state-of-the-art wearable tech for soldiers** that could rapidly predict disease, because they know Covid is extremely serious. They literally have these wristwatch things that can predict if the wearer is getting sick. Do regular people (us) have access to this kind of safety? What other kinds of tech do they have available just for them?

The algorithm leverages biometric data from commercial grade off-the-shelf wearables. The RATE algorithm enabled early detection of infectious diseases up to 48 hours before symptoms appeared. The algorithm, which, in some cases, predicted infections up to six days prior to onset, and included asymptomatic cases, was featured in a 2022 study published by the journal "Nature's Scientific Reports," highlighting the efficacy of the algorithm-powered wearables to aid military readiness, Schneider said.

[-DOD Investing in Wearable Technology That Could Rapidly Predict Disease](#)

Famous (Rich) Musicians

Famous musicians also know that Covid is not over! [The band KISS](#) used UV sterilization technology invented by a biomedical company to avoid catching Covid while on tour. "Steriwave [is] a technology that involves putting a disinfecting liquid into the nose & then activating it with lights attached to probes to kill viruses lurking in the respiratory system." They talked about this in an interview and said it kept them from getting sick. Other artists have spoken about using HEPA filters onstage (facing toward them), another layer of protection many fans aren't aware of.

How many other rich people are doing this stuff and not saying so openly? What other kinds of treatments do celebrities have access to that regular people do not? Why are you risking your life to go to these shows, when these artists are protecting themselves but not protecting their fans?

NOT ME!

“Covid isn’t dangerous anymore.” / “I’ve already had Covid, so I can’t get it again.” / “I have immunity to Covid now and I’m not worried about getting reinfected.” / “Reinfections after vaccination are rare.” / “Reinfections do happen, but they’re mild.” / “I’m healthy and so I’m not worried!”

NOTE : This is what many other objections are built around, so no matter what other talking points you end up using, you also need to find a way to share this information, too.

You can get Covid over and over. The idea that you become immune to Covid after getting infected or vaccinated is based on the concept of *immune memory*, which it took me a while to understand! But basically, every time a virus enters your body (either through infection or vaccination), your immune system works to stop it. And your immune system is trained to recognize that specific virus in the future by taking a snapshot of it. This is why vaccines help: they show your immune system a harmless part of the disease so your body can remember it when it sees the real thing. You can think of your immune system like a photo album (*not* like a muscle that weakens if you don’t use it).

But the problem is that Covid keeps evolving and changing. So the variants right now don’t look like the version your body has a snapshot of. The more people who are getting infected right now, the more times the virus is changing—meaning it’s more likely your immune system won’t recognize the new strain. The version of Covid that we saw in 2020 isn’t around anymore. The virus looks entirely different now, and our bodies don’t recognize it: meaning we’re all still very vulnerable.

NEXT STEPS:

There’s also lots of evidence that Covid weakens our immune systems and changes how they work. What does this mean? It means, your body’s ability to fight off disease has been *weakened*, not strengthened, the more times you’ve had Covid. So many studies have shown that if you’ve had Covid, you’re way more at risk of fungal, bacterial and viral infections. [Here’s an article that talks about this and explains it really well](#), if you want to read it!

It wasn’t until 2022 that we learned that Covid can persist in tonsils, the brain, the lymph nodes, the heart, and generally anywhere. We also recently found out that even so-called “mild” infections can cause 2% loss of grey matter in the brain. [Here’s another good article that helped me understand this, if you want to learn more](#) and decide for yourself. Each year, we learn more about this disease. **There’s so much we still don’t know.**

We know that vaccines don’t prevent you from catching Covid or transmitting it to other people, so you could still get other people really sick by not wearing a mask. We also know that vaccines don’t stop people from ending up with Long Covid, which is what we’re calling it when people get Covid and then never recover. Anyone can get Long Covid, even people who were really healthy before—even kids.

Have you heard about [all of the professional athletes and celebrities](#) who have ended up with Long Covid? Even the “healthiest” people in the world are being disabled by Covid. And it’s ending people’s careers. I can’t afford to lose my job. I’m wearing a mask because I don’t want to end up with another chronic illness, or lose my ability to care for my family and do the things I love. By wearing a mask, I’m protecting my future.

MORE COMPLEX VERSION FOR SCIENCE-MINDED FOLKS ([once again, taken from this incredible article](#)):

“You can get Covid over and over. The idea that you become immune to Covid after getting infected or vaccinated is based on the concept of *immune memory*. Every time a virus enters your body (either through infection or vaccination), your immune system mounts a defense to stop it: first a broad “kill anything that moves” phase we call *innate immunity*, then a phase of *adaptive immunity*, which is targeted to kill the specific thing that triggered the immune response. Pieces of the invader are used to create, recruit, and activate a variety of immune components—including antibodies, T cells, and B cells—that are trained to recognize that specific pathogen. Some cells of the immune system, called memory cells, are kept around from that second stage as a sort of permanent record. If the exact same pathogen shows up again, the immune system already knows what to look for. This is the key behind vaccination: expose your immune system to a harmless piece of the virus, and it’ll remember it when it encounters the real thing.

“Except this isn’t even close to the whole story. For one thing, the snapshot stored in your immune memory is just a physical piece of the pathogen, and viruses evolve very quickly. As the virus changes, [the real thing starts to resemble the record being kept by your immune system less and less](#), and [it becomes easier and easier for new variants to evade adaptive immunity](#). The more people that get infected, the more times the virus randomly mutates—and [the more likely it is that a particular combination of those mutations makes a virus that is unrecognizable to your immune system](#). For a while, the WHO used to categorize these mutants as “variants of concern,” giving them each a new name. [When the virus mutated enough to evade the immunity to the wild-type virus, they named it alpha](#). The lineage that was able to evade alpha was called beta. Delta was [particularly immune evasive and its mutations brought high levels of lethality](#). Omicron was so different from all existing strains that [it was practically able to infect everyone](#), no matter [when they got infected and/or vaccinated](#). And then... they stopped giving the variants names. “Omicron” is still used to describe every descendant of that original variant, despite [the dozens of highly-infectious](#), highly dangerous variants circulating today, [none of which look enough like omicron itself for your immune system to efficiently recognize them](#).

“Covid is dangerous and damaging because it’s syncytial. [Syncytial means that it can enter a cell, hijack its internals, and use that cell to create nanotubes that reach out and grab other cells melting into them](#). Then Covid can repeat this process over and over again until it makes a giant super structure out of your cells.”

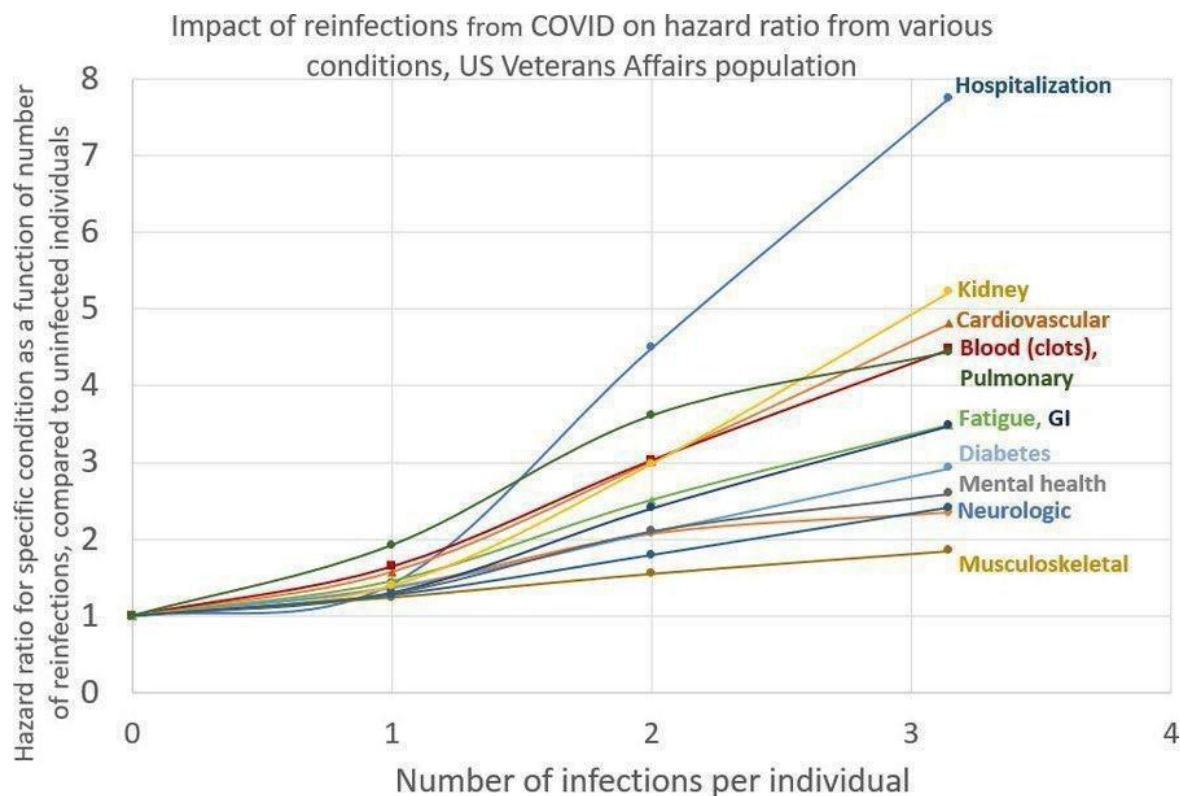
—“[Let Them Eat Plague](#)”

“I don’t need to mask because I’m vaccinated and boosted!” / “I don’t need to mask because I have hybrid immunity.”

It’s good that you got vaccinated! For a while, the vaccines were really effective at preventing severe acute (short-term) Covid outcomes and preventing some hospitalizations—not because they prevented people from getting Covid in the first place or created lasting immunity, but because they prompted your body to create *antibodies* to the virus, which can stay in your blood for months. So if you got infected while these antibodies were present, it helped your immune system compensate. Your immune response was less likely to go haywire, cause massive tissue damage, or lead to severe clinical outcomes. But here’s the thing: Covid has kept evolving and changing. The new strains don’t look like the old ones, and our bodies won’t recognize them very well. By the time boosters became available, [the original vaccines weren't very effective anymore](#): they were made to target the original version of the virus, which isn’t the same variant that’s being spread now.

We also know more now about the vaccines than we did before. We know that vaccines don’t prevent you from getting sick with Covid or transmitting it to other people, so you could still get other people really sick by not wearing a mask. We also know that vaccines don’t stop people from ending up with Long Covid.

Plus, Covid is still really, really dangerous. It can damage your entire body, and it’s still killing people [\[refer to section above\]](#)



Source: *Acute and postacute sequelae associated with SARS-CoV-2 reinfection*, Al-Aly et al., 2022

This graph shows the devastating impact of reinfections. We know that three infections compared to one can result in an increase in health problems. Your third infection carries a [8x greater risk of being hospitalized, a 5x risk of cardiovascular disease, and a 4x risk of blood clots](#).

“I don’t need to wear a mask when I’m outdoors.”

It’s good that you’re moving plans outdoors and masking indoors! I appreciate the steps you’re taking to keep your community safe. You’re right that spending time outdoors is safer spending time indoors right now. But when in crowds, it’s best to mask up. Covid is a lot more contagious than it used to be!

Older strains of the virus were a lot harder to catch outdoors. But remember, Covid travels in the air like smoke and can linger in the air. So I still wear a mask when I’m outdoors around groups of other people. [Here’s a podcast that talks about outdoor transmission](#) where I learned about this. What other questions do you have? Masks *do* work, though. What you’re describing is called one-way masking, and you’re right that it is better than no masks. But the more people that wear masks, the safer we all are. It’s being tracked less closely but transmission is still high right now, and the more people who wear masks, the less germs and viruses are present in shared indoor air.

Here’s an article that explains this really well! Can I share it with you?

SHARE THIS: “[Why One-Way Masking Isn’t a Very Good Public Health Solution](#)” (Slate)

“Why should I care? I’m not old/disabled/unvaccinated.”

[Response copied from another fantastic resource: [the Covid info database](#) and used here with permission from the author]

“If you genuinely only care about yourself, you should know that you are in danger, too—both from the disease itself and the consequences of it disabling and killing millions of people.

You should care about other people. But if only care about yourself and people like you, then advocate for preventing Covid for selfish reasons: Workers getting sick causes major supply chain disruption, which costs everyone more money; more people getting sick and hospitalized means fewer hospital beds open if you have a bad sports injury or get into a car accident; sick pilots, flight attendants, and air traffic controllers mean canceled flights; it goes on. Long Covid is disabling so many people that rampant infections have the chance to permanently upend travel, manufacturing, food service, and health care.”

“My doctor said I don’t have to wear a mask.”

It’s good that you’re trying to care for your health and take care of yourself. But the truth is, doctors can be wrong—they’re people just like us. Remember how many doctors used to claim cigarette smoking was perfectly safe? (see below) They were wrong about that, and your doctor is really, really wrong about the pandemic being over. There are many doctors who are continuing to wear masks around their patients, and I can share some resources from doctors who have taken the time to explain why it’s still so important to wear a mask in 2023.

[OPTION: show them the ad below, which was [a real 1946 magazine advertisement for Camel cigarettes](#) by the R.J. Reynolds Tobacco Company.]



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.



Your "T-Zone" Will Tell You...

T for Taste . . .
T for Throat . . .

that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."



via Imgur
CAMELS Costlier Tobaccos

"In 1946, in response to concerns about smoking and lung cancer raised by prominent chest surgeons Richard Overholt, Alton Ochsner, Dwight Harken, Michael DeBakey, and other physicians, the R.J. Reynolds Tobacco Company introduced a print and radio advertising campaign for its Camel cigarette brand, with the slogan 'More Doctors Smoke Camels.' Although the company claimed the campaign was based on a survey of 113,597 physicians, the methodology was not described, and it is not known if free samples of Camels had been sent to doctors just prior to the survey."

—[The "More Doctors Smoke Camels" Campaign, via The University of Alabama](#)

“The only people harmed by Covid are old and immunocompromised people.” / “Healthy children don’t get Long Covid.”

A lot of people have been promoting this lie, and it’s really the CDC’s fault that so many people still believe this. The truth is, *anyone* can develop [Long Covid](#), regardless of vaccination status or age. Covid can damage every organ in the body, including the brain, heart, and GI system—[even in young, previously healthy people and kids](#).

ALSO. EVEN IF the only people being harmed by Covid *were* the elderly and the immunocompromised (not true), these people are part of our communities and their lives MATTER! I’m disabled and high-risk. I’m not disposable. Think about what you’re saying right now.

Depending on the values/politics of the person you are in conversation with, you could bring up ableism/eugenics ideology here:

able-ism /'ābə,lizəm/ noun A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave." You do not have to be disabled to experience ableism. [working definition by @TalilaLewis](#)

If they have anti fascist political leanings, consider sharing this essay:

“[Hate fascism? Then don’t be a health supremacist](#)” by Maarten Steenhagen.

CHILDREN & PARENTING

Parents face a lot of judgment from society for how they raise their kids, and could be understandably defensive or be feeling guilty. Make sure you're asking questions and showing genuine interest in their concerns. Show compassion and understanding for what they've been dealing with during the pandemic. They are carrying a huge burden and have been left with huge responsibilities that shouldn't be solely on their shoulders. And they have to do it while juggling school policies, childcare arrangements, and their own jobs. Remember that they are doing their best.

"What about immunity debt?" / "Kids need to be exposed to Covid."

I'm sorry you've been lied to about immunity debt. The idea that your immune system trains itself up like a muscle, by being exposed to lots of different infections is *not true*. That's not how it works. Here's a [great video of a doctor who explains this in under a minute!](#) And [here's an article](#) that helped me understand why "immunity debt" doesn't actually make sense.

Also: [if exposing children to infections at young ages was better, children in countries where this happens would be doing great, but this isn't the case.](#)

Mortality in children is higher and at younger ages in countries where childhood exposure to infections is high (i.e., more children die, and more children die younger in populations with high rates of infectious diseases). Children are healthier and have *lower* mortality rates in populations with higher vaccination rates and less exposure to infectious diseases. Can I share some resources that helped me learn more about this?

"But kids need to be exposed to germs when they're young" / "Our doctor said it builds immunity"

[\[see above answer\]](#)

Kids don't need to get sick to be healthy! And we're all exposed to germs every day, but we still wash our hands and treat or filter our water because we know those things are good for us. Think about it: we know that viruses like the cold and the flu evolve over time. All of the colds you caught when you were a kid didn't stop you from catching colds as an adult, right?

We don't actually know what early infection to Covid does long-term, because Covid has only been around for a few years. What happens ten years down the road? We can't say. But there are already signs that exposure in utero can negatively affect traits like [lung development](#) and [birth weight](#), with even more possible negative consequences later.

And even if we only look at the last couple of years, Covid is a leading cause of pediatric deaths. [This study](#) based on data from mid-2021 to mid-2022 found that Covid was the leading cause of pediatric (0-19) infectious disease deaths in the US and concluded that it was a "significant disease burden for children and young people, so pharmaceutical and nonpharmaceutical interventions continue to be important to limit transmission of the virus and to mitigate severe disease".

HOW COVID WORKS

“Stop the spread by washing hands, standing 6 feet apart, and sanitizing surfaces.” / “Covid is not airborne” / Social distancing means I can take off my mask.” / “I keep my distance from people who are sick!”

There’s been a lot of confusing guidance about how Covid spreads, so I understand why you think that! But the truth is, Covid is airborne and moves through the air like cigarette smoke. Airborne transmission is different from droplets, which are large particles containing the virus, expelled when you speak, cough, sneeze, etc.

Droplets are heavy enough that they will eventually drop to the ground or nearby surfaces, meaning droplets are easy to contain: any physical barrier—like a cloth mask or plexiglass— will block these droplets before they can reach another person. At the start of the pandemic, this is how we thought Covid worked; we thought it spread through droplets. That’s why “social distancing” was recommended. But staying six feet apart only works for droplet transmission, because it assumes that virus-containing droplets will fall to the ground before reaching someone 6 feet away. We know better now, and so we have to change our understanding of how to protect ourselves. It’s in the air.

[Covid is *not* confined to droplets](#). Aerosol is composed of much smaller particles that bounce around between air particles, [and can stay suspended and infectious in the air](#). Picture someone smoking and think about how the smoke travels. Can you still smell the smoke behind a plexiglass shield? How about if you’re six feet apart? In a crowded indoor room, how many people would breathe in the smoke of one smoker?

Measures designed to protect against droplets aren’t exactly *pointless* against Covid, since it *also* spreads via droplets. But just because you’re keeping your distance does not mean you’re keeping your germs to yourself (and the same is true for the people in a room with you)! And just like smoke can linger in a room after a smoker leaves, so can Covid. That’s why I always wear a high-quality mask when I’m in public spaces; I’m protecting myself and my family from getting this really dangerous illness.

FURTHER READING:

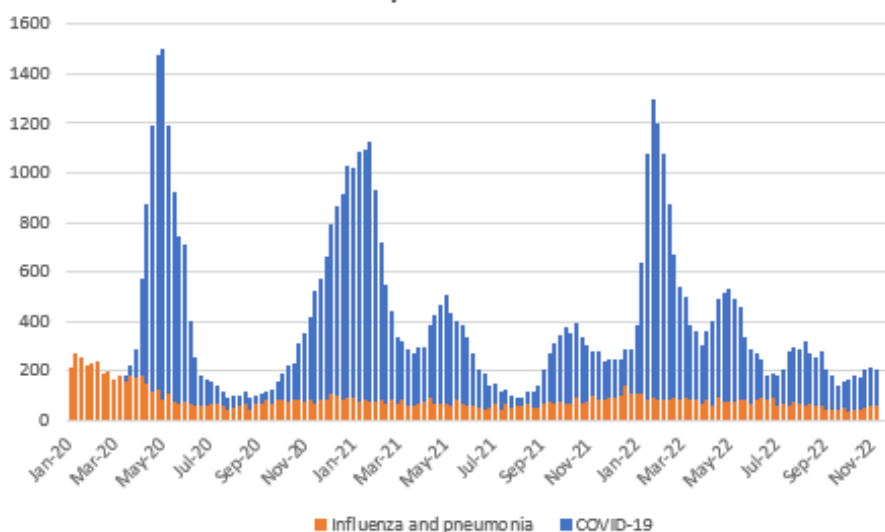
We have known for years that Covid can spread through *aerosol* as [papers published in the New England Journal of Medicine, Emerging Infectious Diseases, and Risk Analysis](#) demonstrate going back to 2020.

“Covid is just like the flu.”

You know how flu season happens at the same time every year? People are catching Covid multiple times a year, all year long. And Covid is way more dangerous than the flu—did you know that Covid is the third-leading cause of death in America right now (and globally)? It’s true. Even with vaccines, Covid is more transmissible, more deadly, and more damaging than the flu. Also, I don’t know about you, but I’ve only had the flu a couple of times—it’s not something I catch every single year.

Covid is [5-10 times deadlier than the flu](#). It’s not the flu.

Weekly deaths by COVID-19 and by Influenza and Pneumonia in Canada, January 2020–November 2022



COVID-19	
U07.1	COVID-19, virus identified
U07.2	COVID-19, virus not identified
	Multisystem inflammatory syndrome associated with COVID-19
U10.9	
Influenza and Pneumonia	
	Influenza due to identified zoonotic or pandemic influenza virus
J09	
	Influenza due to identified seasonal influenza virus
J10	
	Influenza, virus not identified
J11	
	Viral pneumonia, not elsewhere classified
J12	
	Pneumonia due to Streptococcus pneumoniae
J13	
	Pneumonia due to Haemophilus influenzae
J14	
	Bacterial pneumonia, not elsewhere classified
J15	
	Pneumonia due to other infectious organisms, not elsewhere classified
J16	
	Pneumonia in diseases classified elsewhere
J17	
J18	Pneumonia, organism unspecified

Source

NEXT STEPS:

I don’t know about you, but I don’t like getting sick with the flu, either! Protecting ourselves through actions like masking, cleaning indoor air, and staying home when sick are great ways to reduce our chances of catching the flu, which can also cause immune system damage or serious health outcomes. Reducing the spread of Covid also reduces the spread of other damaging diseases, and it’s good for all of us!

“Covid is endemic now.”

There’s a lot of confusion about what Covid becoming endemic means. I don’t know if Covid is endemic yet or not, but what I do know is that endemic doesn’t mean Covid is less dangerous. Plus we still take precautions for endemic diseases all the time (e.g. condoms). Can I share [a short essay with you from a scientist](#) explaining why a disease being endemic doesn’t make it less serious? This article helped me understand what endemic means.

“I recovered from Covid and now I’m out of the woods.” / “I had a mild case of Covid, so I’m not worried anymore.”

I’m glad you are feeling OK and that you didn’t end up in the hospital. And I’m not trying to scare you, but the truth is, none of us can know yet if we’re really out of the woods here just because we feel OK.

What’s the long-term consequence of Covid infections? The truth is, we still have no idea. Covid is a coronavirus, and we know this kind of virus can stay [in your body long after your infection](#). Chickenpox is the same exact virus as shingles—have you had shingles?—the virus lives in your body and can get reactivated years down the road, making you sick again.

We have proof that Covid stays in the body and lingers there, even in people who had seemingly mild infections. And we know that while it’s still hanging out, it raises your [risk of heart attacks, strokes, neurological symptoms, and death](#)—and it only gets worse with every reinfection.

So even if you’ve already had Covid, and even if we’re all going to catch it at some point, it’s really worth trying to catch it as few times as possible, at least until we know more about the disease and until treatments or better vaccines are available. Do you still have masks you can wear? Can I help you find some?

MORE COMPLEX EXPLANATION (again, from [here](#)):

“We’ve known for years that other coronaviruses, like SARS, [can persist in your body long after initial infection](#). This is likely a byproduct of their evolutionary history; they evolved to spread through bat populations and survive bats’ unique immune systems. Bats are very long-lived for their size, potentially living for *decades*, even with multiple different infections quietly simmering inside them. However, in humans, these viruses’ tactics for suppressing a well-regulated bat immune system present a form of *overwhelming force*, which wreaks havoc on our bodies.

After the chaotic and potentially-lethal initial stage of acute infection, [the virus is able to settle in for the long haul](#)—evidence has been found [in the gut, in human waste, and among “cured” patients](#). This can happen whether the acute phase was disastrous and hospital-worthy, or quiet enough for you to experience no symptoms at all. By this point, the virus will have suppressed your body’s immune memory, infiltrated throughout various organ systems—including your [cardiovascular, nervous](#), and renal systems—and begun pumping out a steady supply of new virus.

Of course, this persistent infection causes damage to the various organs where the virus has made its home, especially since it can trigger further inflammation. Your immune system is constantly trying to smoke it out, damaging more organ tissue as it does so. [Your risk of heart attacks, strokes, neurological symptoms, and death in general are much higher during this persistent phase](#)—and it only gets worse with every reinfection. It still remains unclear how long this persistent phase can last—certainly as many months as have been studied so far.

Evidence has been mounting for years that Covid is actually a type of autoimmune disorder, with several components of your [immune system turning against your own cells](#). Not only are pro-inflammatory molecules heightened in both the acute infection and in so-called long Covid, [high levels of antibodies against normal cellular pieces have been found in over half of patients hospitalized with Covid](#). The implications of Covid triggering autoimmunity are broad and can get fairly technical, but needless to say, [the population being infected over and over with such a debilitating virus is catastrophic](#).

–“[Let Them Eat Plague](#)”

“Once enough people have been exposed, herd immunity will end the pandemic.”

Herd immunity is no longer possible and it was probably never possible.

From what I’ve read, I know that herd immunity only happens when a large enough portion of a population has acquired immunity to a disease in order to limit its spread and therefore protect a small portion of the population who do not have immunity.

This term is also used to refer to the vaccination strategy of eliminating/restricting transmission of a disease by vaccinating the population to a specific threshold and maintaining that threshold in order to protect the whole population including those who can't be vaccinated (people with immature or malfunctioning immune systems like babies and some people with immune conditions or allergies).

NEXT STEPS:

Different diseases have different effects in our immune system, with some conferring lifelong immunity and others barely any, with frequent reinfections possible.¹ Similarly, different vaccines have different effects and dosing schemes based on what gives the best immunity. Some last a short period of time for viruses that are constantly mutating—sometimes not providing immunity at all, but at best, providing a more robust immune response to the virus (the annual combination flu shot, Covid shots). Some last longer (tetanus shot for example is recommended after potential exposure if you haven't had one in 10 years), and some can even provide lifelong immunity in one dose (17D Yellow fever vaccine).

Whether immunity via vaccination or infection, the threshold needed differs based on the transmissibility of the disease. Diseases with high infectiousness like measles means a higher portion of the population needs to be immune to confer protection to the non-immune population. Covid-19 is both highly transmissible/highly infectious AND frequently mutating.

Here’s an article that explains [five reasons why Covid herd immunity is probably impossible](#), back from 2021 (there’s even more reasons it’s impossible now).

“Viruses naturally evolve to become less deadly / Covid is milder now.”

I’ve heard a lot of people saying this, so I understand why you’d think it’s true. But the idea that viruses naturally evolve to be less deadly is an idea from the 1800s (“the law of declining virulence”) and we’ve known for a long time it isn’t true!

The [latest research](#) shows that Omicron is just as severe as previous variants. Getting Covid could actually weaken your immune system—I [just read an article that helped me understand this](#) that I can share with you.

¹ Article about research into other coronaviruses and our lack of sustained immunity to them (ability to be frequently reinfected therefore no herd immunity capacity)
<https://www.the-scientist.com/news-opinion/cold-causing-coronaviruses-dont-seem-to-confer-lasting-immunity-678>

TAKING OTHER PRECAUTIONS

“We have the tools!”

We do! Implementing indoor air quality standards and encouraging masking are things that can be done right now that would make all of our lives safer. But they're either being ignored by the government or even discouraged in favor of pharmaceutical tools. Pharmaceutical tools – like the vaccines and Paxlovid – that simply aren't as effective anymore. We are starting to lose what tools we have by allowing the virus to become spread unchecked and resistant.

Paxlovid [must be started within the first few days of infection to be effective](#), and not everyone can take Paxlovid because it has so many interactions with a lot of medications. [People taking blood thinners, statins, and antidepressants might not be able to safely use Paxlovid](#). Plus, [Paxlovid resistance is on the rise](#), meaning it's not working as well as it used to. [It's not even clear if Paxlovid offers a benefit to younger people at all](#). These reasons combined with shortages mean it can be hard to get at all.

So rapid tests are not as effective, the vaccines are not as effective, the antivirals are not as effective, and one-way masking is not as effective...What are we going to do? Well, these are all problems created or made worse by our governments failing us. Unmitigated Covid spread means many more chances for Covid to continue to mutate (and get more dangerous). Our governments are not investing in updating our tools, because they're too busy selling the lie that "Covid is over"/"Covid is endemic"/"Covid is like the flu." We deserve better! It's not fair that all of this is so confusing and so many of our tools are becoming less useful.

But there's still hope! Did you know that the [Covid vaccines in Cuba are really effective](#)? It is possible to do more about this virus! And even though there is more that can be done in the future, there are still things we can do now. We can ask questions about the indoor air quality in the places we spend time, and learn ways to make it better. Opening windows goes a long way towards better ventilation and therefore less transmission. And masking is still the best and most accessible tool we have to reduce the spread. Do you still have masks you can wear? Can I help you find [more comfortable ones](#)?

“We're all taking rapid tests before the event, so we don't need to wear masks!”

It's good that you're trying to keep each other safe! Sadly though, Covid has mutated and changed so much that [Rapid Antigen Tests \(most home tests\) have high false negative results](#) now. They aren't as accurate as they used to be, which is why layering precautions (like testing and masking) is so important. They're getting harder and harder to find and more expensive—which means that most people around us in public are no longer testing themselves for Covid, which puts us all in more danger. And besides, we know that people can be infectious with Covid before their symptoms show up. Forty to sixty percent of Covid cases are asymptomatic, meaning you won't have symptoms at all. This is why layering mitigations and wearing masks is so, so important. I'm saying this, because I don't want you to get sick!

“I’m feeling sick, but my rapid test was negative! So I don’t need to wear a mask.”

Current rapid tests aren’t picking up lots of Covid cases with the new strains. Back in 2022, they were only able to pick up around [half of cases on day four and only 71% of cases on day 7 of someone with symptoms](#). This means it’s important to keep testing if you’re negative and having symptoms. More importantly: stay home if you are sick! Getting another person sick with Covid could disable or kill them.

Also, did you know you need to swab your throat when taking your rapid tests now, in order to get the most accurate result with the new variants? The tests were designed for older variants. Here’s a [guide on how to do that](#).

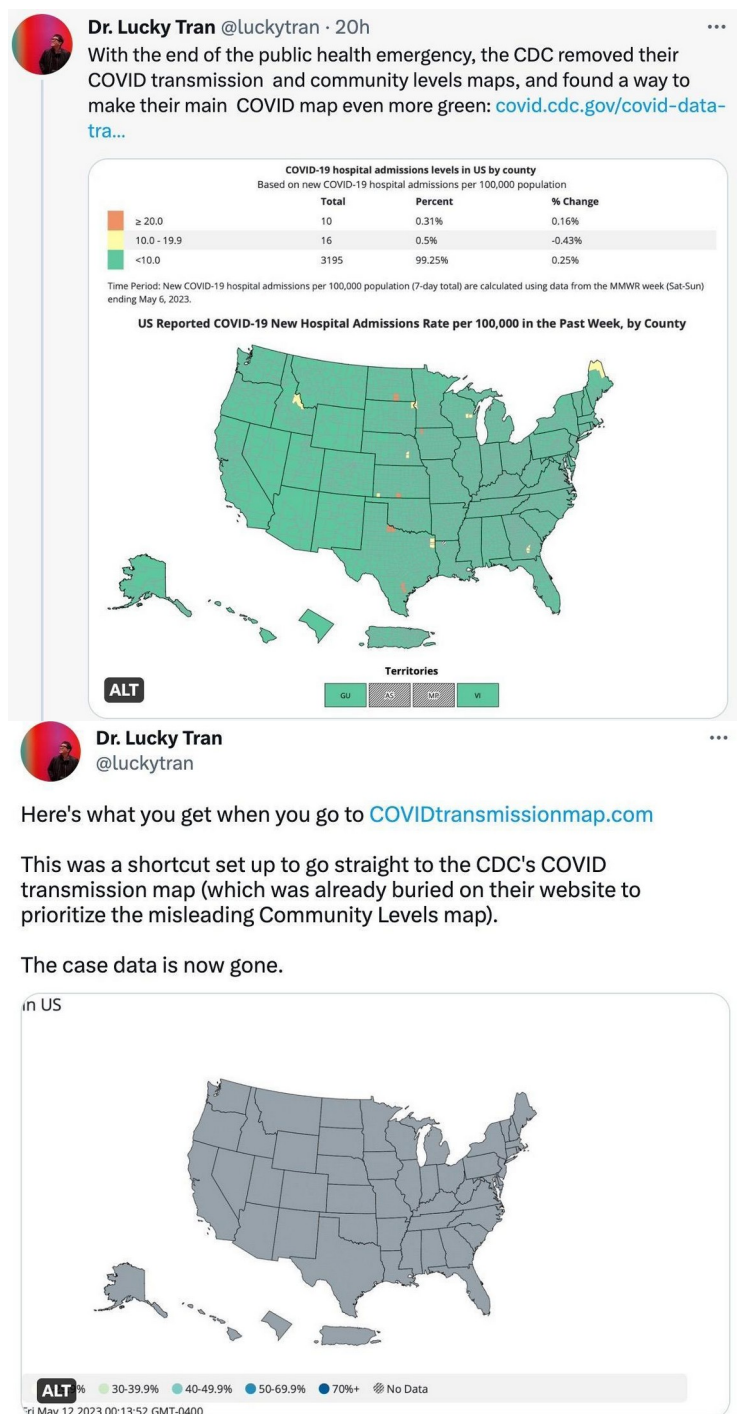
“I don’t need to mask because I stay home when I’m feeling sick.”

It’s really good that you’re staying home when you’re sick! But also, many Covid cases are asymptomatic, which means you can have Covid and not have any symptoms at all—but you’re still contagious. Also, people with Covid-19 are generally considered infectious from [48 hours before any symptoms start](#) (and sometimes, even longer than that). And our Covid tests aren’t nearly as accurate anymore because the virus has changed so much. There’s no way to know for sure that you or the people around you don’t have Covid, so the only way to protect yourself and the people around you is to wear a mask when you’re sharing indoor air.

“I’m following CDC guidance!”

The CDC is not an apolitical or infallible institution, and they have been wrong about this virus from day one. Remember when they told us not to buy masks because they didn’t want healthcare workers to run out of them? Remember when they said vaccines stopped transmission?

[Here’s a post](#) that explains how the CDC is actively hiding the data from the public, written by an expert:

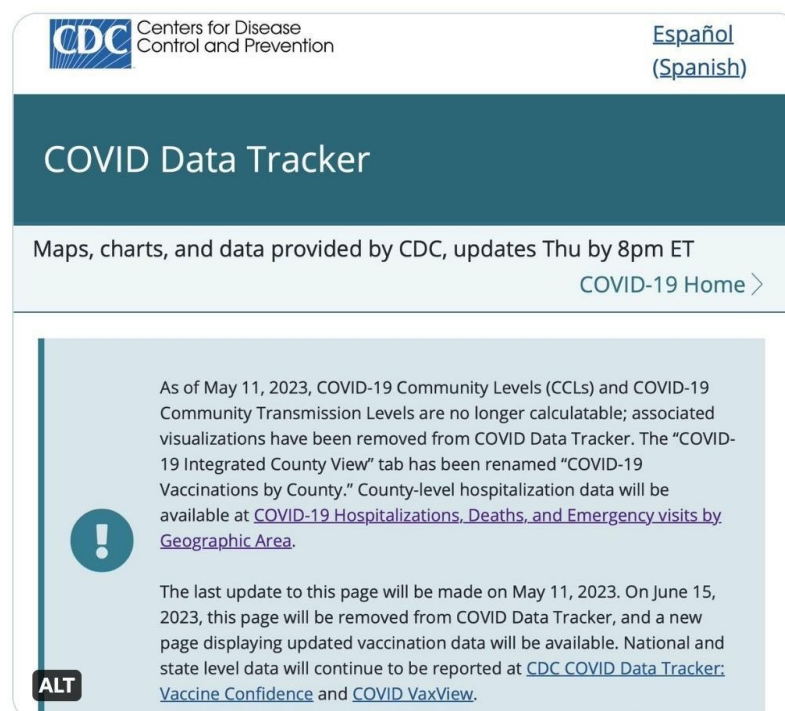




Dr. Lucky Tran @luckytran · 20h

...

Note on the CDC page which formerly displayed the COVID transmission map: "As of May 11, 2023, COVID-19 Community Levels (CCLs) and COVID-19 Community Transmission Levels are no longer calculatable; associated visualizations have been removed from COVID Data Tracker."



[SOURCE \(CDC Statement on their Data Tracker\)](#)

By saying that transmission levels are "no longer calculable," the CDC is saying: the spread of Covid is out of control. Covid has not gone anywhere; the CDC has abandoned us and left us on our own. The pandemic hasn't ended; the CDC has simply decided to hide the data, hoping the public won't realize what they've done.

This is not OK. We deserve to know how many people in our communities are still sick. They've taken away our tools, and they're leaving us to die. We cannot and should not accept this. Without access to testing, case data, or treatments that work, things are about to get so much worse. The president, the rich, and our leaders still have access to PCR testing and information about the pandemic. Why shouldn't we have these things, too? And why should we ever trust what they're telling us about Covid, when we know for a fact that they are rushing to cover everything up (while still carefully protecting themselves)?

[Consider showing them [The People's CDC website](#) and its weather reports]

LONG COVID

“Long Covid is psychological, not physical.”

Well, first off, this has been a common reaction to many systemic, chronic health conditions that Western medicine has difficulty diagnosing and treating. When doctors don't know what's wrong with someone, a common response is: are you sure you're not just anxious? And as a result, people suffer. Yes, it's true that sometimes psychological symptoms (or our states of mind) can contribute to physical symptoms (and vice versa)! Our brains and the rest of our bodies are interconnected and impact each other in complex ways. But there are millions of people suffering from Long Covid, and many of them have shared stories about their debilitating physical symptoms. Long Covid has severe physical impacts. We have so much evidence.

Unfortunately, the idea that complex illnesses are “psychological” is often used just to dismiss people whose symptoms aren't easily explainable or treatable. It's also deployed whenever someone's disease has many contributing factors that show up differently across different people. It's especially weaponized against people with marginalized identities; disabled people, racialized people, queer people, and women are often not believed by their doctors and their pain is often minimized or erased. For example, even before Long Covid was a disease, this was true for sufferers of diseases like Chronic Lyme Disease and Chronic Fatigue Syndrome for decades.

NEXT STEPS:

In the case of Long Covid, scientists are starting to develop hypotheses that could provide physical explanations for Long Covid. Right now, there's three leading theories about the physical cause:

Persistent Virus Theory:

Some researchers have detected “viral persistence” in people experiencing symptoms of Long Covid. Viral persistence means that the body has been unable to fully clear the virus after infection. Meaning: some people get Covid, and it doesn't go away. Researchers have found it hiding out in certain organs and tissues in the body, long after the person was first infected. GI doctors and scientists have discovered Covid lingering in the digestive tract in several people (and other researchers have found it hiding elsewhere). This is really bad.

Viruses that live in the body for long periods of time can sometimes be reactivated years down the line. The shingles virus is reactivated chickenpox. This is what is called a “post-viral illness.” Long Covid is not the only post-viral illness, it's just the newest one. In fact, [post-viral illnesses are way more common than you might think](#). Lots of viruses can cause lasting damage, like autoimmune diseases, chronic fatigue syndrome, vision loss, and more.

Tiny Blood Clots Theory:

In some Long Covid cases, the cells and tissues that control blood flow are damaged in a way that amplifies the blood's tendency to clot. This theory suggests that very small blood clots (which have either been left over from the initial Covid infection itself or formed in the aftermath) might be gumming up the body's circulation. Researchers found evidence of these microclots using specialized scans that looked at blood flow in the lungs. Many researchers now believe that Covid is actually a *vascular* disease, and this theory supports that idea. And the thing about microclots in your blood is that they can cause damage everywhere: from your brain, to your joints, to your organs.

Haywire Immune System Theory:

The third theory is that Covid is making immune systems go haywire. In some COVID-19 patients, their immune systems get revved up and destabilized by the initial attack by the virus—and these immune systems seemingly can't reset themselves to their former baseline, idle state.

Why does this happen? Well, researchers found that white blood cells (which normally recruit other cells to sites of infection) were highly activated in Long Covid patients. And this activity might explain why patient levels of interferons (proteins made by the body to fight invaders) were sky-high even 8 months after infection. Even worse, these patients had many inactivated T-cells and B-cells (which usually hang around and wait for instructions to attack disease). All of this is bad, because it signals chronic inflammation—which can cause a ton of different health problems and conditions.

Regardless of the physical cause, the latest estimates are saying that Long Covid affects about 30 to 40 percent of people who have had Covid. And the actual number could be much higher, because many people are not able to access healthcare or seek treatment.

Every Covid infection increases your risk of developing Long Covid; each time we get sick, we're rolling the dice and risking disability. That's why I'm still wearing a mask. I can't afford to get sick and stay sick.

SOURCES:

- [What causes Long Covid? Here are the three leading theories | Science](#)
- [Postacute COVID-19 is Characterized by Gut Viral Antigen Persistence in Inflammatory Bowel Diseases-Gastroenterology](#)

FURTHER READING:

- [It's in the blood: Researchers discover new way to diagnose long-COVID | CBC News](#)
- [Long COVID or Post-acute Sequelae of COVID-19 \(PASC\): An Overview of Biological Factors That May Contribute to Persistent Symptoms](#)
- [Biomarkers in long COVID-19: A systematic review](#)
- [The blood markers that could help to diagnose long COVID](#)

“Long Covid is physical, but not a big concern.”

Long Covid is an umbrella term that encompasses a wide range of symptoms and newly onset conditions that can be completely debilitating for some. As of right now, there's no cure. There have been many estimates around the prevalence of Long Covid ranging from 5% to 50% of infections (with varying degrees of severity and debilitation). Finally, in April 2023, the World Health Organization came out and warned that 1 in 10 infections can result in Long Covid, “suggesting that hundreds of millions of people will need longer term care”. I know people with this condition, including close friends. They're suffering a lot. They've had to reorganize their lives. Many of them are out of work or unable to do the things they used to do for fun. It's really, really worth avoiding this disease. And from everything we know so far, Long Covid isn't actually rare.

It's important to clarify the distinction here: they're now saying 1 in 10 *infections* lead to Long Covid, not 1 in 10 people who get Covid. **This means that every time you catch Covid, you're rolling the dice again, on a serious disability!** And don't forget: reinfections are way more dangerous than initial infections. Remember: there is NO permanent immunity to this virus, and it's now possible to be reinfected within a very short timeline—and most infections are asymptomatic, meaning it's very likely for someone to catch Covid and not know, because they won't have any symptoms. This is why I tell people: I don't know if I've had Covid or not. If we don't take steps to stop the spread, we are going to keep giving this dangerous virus opportunities to mutate, get stronger, and

WHO warns:

"An estimated one in 10 Covid infections results in post Covid condition suggesting hundreds of millions of people will need longer term care"

Avoid as many infections as possible with layers of protection

	Wear n95/p2 mask in public indoor spaces	
	Improve ventilation - open windows & doors, turn on fans	
	Clean the air you breathe with a hepa air purifier	
	Get a vaccine booster if you haven't had an infection/vaccination in last 6 months (adults)	
	Test & isolate if symptomatic/exposed	
	If infected, isolate & seek medical care to see if you're eligible for antiviral treatment	

Play the long game
Avoid getting infected
Use layers to get as few infections as possible
Avoid chronic disability of long Covid

change, meaning we'll all be more at risk of getting it over and over again. The best way to stay safe is to mask up.

A [report](#) released in March 2023 by Canada's Chief Science Advisor, Dr. Mona Nemer indicated that Long Covid could be a mass disabling event.

[Link to full report](#). Excerpt:

Acute infection in around 10-20% of individuals leads to a complex and, at times, debilitating chronic condition in some individuals, known as post-COVID-19 condition or long COVID. Additionally, it is increasingly evident that acute COVID-19 increases the risk for several chronic cardio-metabolic diseases, including diabetes, hypertension and arrhythmia. The long-term effect of COVID-19 on the nervous system is equally concerning with accumulating evidence that several common symptoms reported by individuals suffering from PCC [*Post COVID-19 Condition*], such as memory loss, blurred vision, mood disorders and neuropathies, may reflect irreversible cellular changes observed in aging or in some neurodegenerative disorders. **Thus, PCC has the potential to become a mass-disabling event given the highly transmissible SARS-CoV-2 Omicron variant in circulation and the unpredictability of evolving future variants**

-Dr. Mona Nemer

Also, if you want to see a group of folks taking the risks of Covid and the economic implications of Long Covid as a mass disabling event VERY seriously, just check out Covid coverage in business/ finance publications. Here, you'll find accurate portrayals of the risks of Covid provided to wealthier classes worried about shrinking workforces.

(NOTE: read the feature articles, not the opinion section. The opinion section isn't fact-checked)

[Here's an article that gets into this more.](#) See also "[Case Studies in Mitigation for the Rich & Powerful](#)"

FURTHER READING ON LONG COVID:

- [Why Long COVID could be a ticking time bomb for public health](#)
- [A Social and Medical Examination of Long COVID as a Mass Disabling Event](#)
- [Interesting Twitter thread on "the infectious origin of cardiovascular disease hypothesis"](#)

MENTAL HEALTH

“What about the detrimental effects of isolation from missing out on events?”/“Socializing is important for my mental health”/“Being the only person wearing a mask triggers my social anxiety.”

Yes, missing out on events or standing out from the crowd have negative effects on our mental health. Humans are, in general, very social so there is definitely a real challenge and struggle there! I have had some painful moments turning down certain events. I have cried and grieved over some of these changes in my life.

However, there are many ways to contribute to Covid mitigation without isolating yourself, like socializing outdoors, masking in crowds and indoors, and looking for indoor spaces with good ventilation.

In terms of being the only person masked, it has really helped me connect with others who I know are also masking in public. So, even if I enter a public space by myself and am the only one masking, it doesn't feel as difficult when I know I'm actually not alone in taking action like this. [Does that sound like it could help you with difficulties standing out?]

Like I said, we're such a social species! But right now, high-risk people are being forced to stay home and away from almost all events due to lack of protections in place. Every action counts, so while there have been low points, it has also been a boost to my mental health to know I am contributing to making public spaces safer. When more of us do that, there will be more opportunities for socializing for more people!

Some of these choices are a sacrifice, but I'm trying to protect my baseline health, as well as my community members, so we can live long and healthy lives. I know that my mental and physical health are connected, and that if I end up with a lifelong disability that limits my ability to exercise or work, my mental health will be much worse.

NEXT STEPS:

You could go back and forth, sharing feelings like, “As someone who wears a mask every time I'm in public, I feel judged and alone. I wish I didn't feel that way. Sometimes, though, people see me wearing my mask and pull one out of their pocket to wear around me, because they just didn't want to be the only person wearing one.

Do you think maybe a lot of the people who aren't wearing masks want to start doing so again, but are afraid of what other people might think?

Do you think that if more of us wore masks, it would make it easier for the people who are high-risk to keep doing so without being targeted?” or “Sometimes people tell me that starting precautions again feels like admitting they made a mistake or hurt other people. They feel like they can't admit to having been wrong about Covid.

[ANOTHER OPTION, if you personally stopped masking at any point]

I also stopped wearing a mask for a while indoors, but it's a sign of strength, not failure, to change your mind when presented with new information. I wonder if you're being hard on yourself for not knowing these things, and that could be making it harder to make a change—but it's not your fault you didn't know, and

you were doing the best you could. Here's some testimonies from (amazing!) people who have also resumed masking: [The_Gloria_Sun](#) and [Chescaleigh](#).

“I have to live my life.” / “I’m not just going to sit around and do nothing.”

I am living my life! I go to art museums, travel, spend time with friends, and even eat at restaurants sometimes (on the patio!). But whenever I'm indoors sharing air with other people, I'm wearing a high-quality mask, because I can't tell by looking at someone else if they're immunocompromised and I don't want to get them sick.

Remember: most Covid infections are asymptomatic, which means it's very possible to be sick with Covid and not feel or show any symptoms *at all*. And if you've had Covid, your immune system IS compromised now. I'm doing this to protect my health and the people around me, too. When I eat at a restaurant, I sit outdoors on the patio or get takeout. And even if you can't wear masks all of the time, wearing them some of the time—like at the grocery store or on public transit—is better than not masking at all. Do you need help finding a good mask to wear?

See also: [this section below](#).

FREEDOM/GOVERNMENT CONTROL

“Wearing a mask infringes on my freedom.”

What about your freedom to live to old age? What about your freedom from getting sick over and over again? I wear a mask because I'm protecting my own right to live and be healthy. I don't trust the government to keep me safe, because the government doesn't care whether we live or die—they want us to go back into the office and back to spending money so the economy doesn't collapse, not because things are any safer than they were in 2020.

“Masks are attempts at government control.”

Wearing a mask is actually going against what the government wants us to be doing right now! It's also a great way to protect yourself from facial recognition software and protect your privacy. Attempts to ban masks in businesses aren't about shoplifting, they're about surveillance and limiting your bodily autonomy.

VACCINES

Talking to your friends and family about vaccines can be an especially emotional topic, and is one that takes time. It's important to ask a lot of questions and get to the root of their concerns. **Focus on shared values and be patient.** You'll probably hear a lot of popular anti-vax points repeated initially. Continue to discuss with them and try to find out what is underlying their concerns in their own words.

It is particularly important to come well-informed to these conversations about vaccines. Familiarize yourself with the technology and history of vaccines in general and the different types available for Covid in your area. That way, you can identify incorrect information and be ready to recommend a specific vaccine if they ask.

"Vaccines kill more people than Covid."

You can't catch Covid from the vaccine. While you may feel sick after getting the Covid-19 vaccine, that is a sign your body is building protection against the virus that causes Covid-19. A controlled dose of part of a virus is not worse than an uncontrolled infection with a fully operational virus. Can you tell me more about your hesitation here, and what your main concern is?

**"This was just a scam for big pharma to make money off of us!"
"The vaccines aren't safe!" "We don't know the long term side effects of the vaccines!" "mRNA is a new technology!"**

Unfortunately, it is true that we live in a predatory society. But the truth is that the predatory aspect is the cost and patenting of drugs; it's not true that all drugs produced by the pharmaceutical industry are useless or harmful. People who have chronic health conditions who rely on medication to live (such as insulin) are placed in an impossible situation in our society. They have no choice but to rely on these drugs at whatever cost the pharmaceutical industry decides otherwise their life is at risk. Can you tell me more about your hesitation here, and what you're most worried about?

[If Novavax is an option & they are skeptical about mRNA] Did you know that Novavax is not an mRNA vaccine? If you were skeptical about [mRNA vaccine technology](#), you should look into getting Novavax instead, [which relies on more traditional vaccine tech](#).

"Why should I get vaccinated?"

Thank you for trusting me enough to ask this question! It's good that you're thinking about your health, and it means a lot to me that you feel safe enough with me to ask. So basically, when looking at any medication, we have to look at the risk/benefit analysis, right? In this case, that means: What are the risks of *not* being vaccinated? And for people who aren't vaccinated against Covid, there's a higher risk of Long Covid and higher risk of being hospitalized if you get infected. Even though Covid has mutated greatly, the vaccines still do provide some protection and help our bodies if we become infected. Sadly, governments around the world have restricted access to testing, making it harder for people to know how much Covid is around them. [But by looking at wastewater data,](#)

[hospitalizations, and deaths](#), we know that Covid is still running rampant in our communities.

While the Covid vaccines do give our bodies a head start if we are infected, they are not as effective as they once were. It is important that we see vaccines as an added layer of precaution and not as a safety net.

[INSERT YOUR PERSONAL CONNECTION TO COVID: Do you know people who are currently sick? Did you recently have Covid? Share this story]

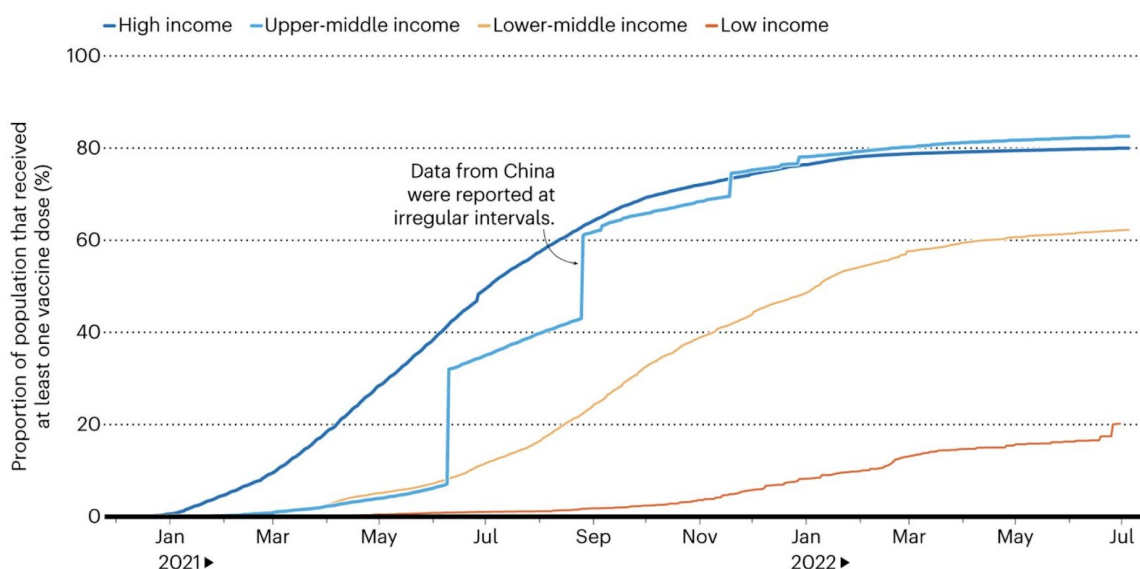
The damage Covid is capable of doing to our bodies is much, much greater than the risk of an adverse reaction to the vaccines. If you're nervous about having a bad reaction to the vaccine, the best thing you can do is talk to your doctor.

[If they are thinking about maybe getting vaccinated, offer to go with them as a support person]

“How do we know they are safe?”

The peer review process for vaccines is *extremely* in-depth. To get rid of bias, the scientists' names have actually been removed, and their research passes through many hands and stages before it can be considered peer-reviewed. The peer review process creates a standard in the scientific community which proves the integrity of the study. Drugs such as insulin save millions of lives every day.

And as for the Covid vaccines, they have been given primarily to the wealthiest countries (even hoarded for them). That wouldn't have happened if they weren't extremely safe. And still in 2023, many countries are fighting to even access the vaccines, let alone boosters. And more people have been dying of Covid because



of this.

It's not just Covid vaccines, either. Other vaccines (like ones for the flu), HIV treatments, and even antibiotics or other medical treatments we might take for granted have seen *massive* delays in availability and limited accessibility in the Global South. Would you be interested in learning about [what some of these](#)

[countries are doing](#) to try and improve their own production of medicine so they don't have to rely on the charity of rich countries?

NEXT STEPS: ABOUT mRNA

mRNA technology was first discovered in the 1960s, and testing with mRNA technology began in the 1990s. Several vaccines were being studied with this technology, including a flu vaccine and a rabies vaccine. Currently, even more vaccines are being studied with mRNA technology, including vaccines for cancer and HIV. The Covid vaccines are based off of the mRNA vaccine which was being produced during the SARS epidemic in 2003. What does this mean? It means we have several decades worth of testing and information regarding mRNA vaccines and the Covid vaccines. They're not brand-new; they were built from existing research and existing technology.

The Covid vaccines have been extremely well-studied. Pfizer's trials had over 43,000 participants and Moderna's vaccine trials had over 30,000 participants. We have a lot of data showing that these vaccines are safe for the great majority of people who receive them.

Most side effects from vaccines happen within the first few days. The most common side effects are mild, and you may feel under the weather the following day. These symptoms happen as the result of a normal immune response, which helps your body recognize the pathogen without becoming infected. This gives your body a head start in being able to be able to fight against Covid, if you were to become infected.

Long-term effects from pharmaceuticals happen when people take medications continuously (often daily) for extended periods of time and build up in our bodies. This is very different from vaccines, which degrade quickly in our bodies. Vaccine injuries are a real phenomenon, but they are very rare and would be something that would present quickly, not something that would show up over months or years. What we do know, however, is that Covid can cause long-term damage to our bodies and we don't know what the future holds for the impact of a novel virus infecting the vast majority of the population repeatedly. Many viruses can stay in your system after infection and can become reactivated later. This is why those who have been infected with chickenpox are at risk of developing shingles later in life. We are already seeing health impacts from Covid infection only a few years into this pandemic. We don't know what the future holds yet, and we need to prevent everyone from being infected over and over.

FURTHER READING:

- [The Long History of mRNA Vaccines](#)
- [Vaccines for Covid-19 - Most Studied in History - Dr Norman Swan](#)
- [Is the COVID-19 Vaccine Safe?](#)
- [Three things to know about the long term side effects of COVID Vaccines](#)
- [Different types of COVID-19 vaccines: How they work - Mayo Clinic](#)

"Aren't the pharmaceutical companies still profiting off of us?"

[Vaccines only account for a very small percentage of profits from pharmaceutical companies](#); preventative medicine is not much of a money maker.

Pharmaceutical companies make most of their money from exploiting people with chronic illnesses, since these people rely on ongoing treatments that they need to live. If you are concerned about big pharma profiting off of you, the best thing you can do is wear a well-fitted respirator to prevent catching Covid or other illnesses, which could leave you disabled and possibly reliant on pharmaceuticals for life.

NEXT STEPS:

For some time, governments around the world have been pulling back on resources for Covid, such as testing and sick leave. More recently governments have been restricting the availability of Covid vaccines. The U.S. government is no longer providing free Covid vaccines. In the UK, children are no longer eligible for vaccination. Both in the UK and Canada, only those who can prove they are immunocompromised and those above 65 are eligible for boosters. This is *not* because Covid is no longer a threat; it is because governments are turning this into an individual problem and putting the burden (wrongly) onto us. Basically, they're trying to absolve themselves of responsibility for keeping us safe. What they should (and could) be doing is investing in infrastructure. They *should* be providing funding for schools and businesses to upgrade ventilation and clean the air. They *should* be passing legislation around sick days. They *should* be offering us free masks, free vaccines, and free tests. The government has the power to do so much more to protect us. They don't want to pay to do that, so they're telling us the pandemic is over. It's not over.

"Why are there some doctors and some health/nutrition/fitness influencers telling me I don't need to get vaccinated or wear a mask?"

The truth is, there are some doctors and influencers with no moral integrity. There is an overwhelming consensus in the scientific community that the Covid vaccines are both safe and do help in the prevention of severe illness. There is a small minority of people (sadly, including some doctors) who have been purposely lying to you about vaccines because they are looking to sell you a product—most frequently, supplements. These people will tell you that you don't need to get vaccinated under the guise that their supplements will keep you healthy and/or that these supplements will "treat" you after you get Covid. Some of these influencers and doctors have investments in alternative treatments. Remember: treatments are what get you coming back frequently. They want you to be sick and reliant on their products.

While preventative health care is important and supplements can be helpful for gaps in our nutrition or nutritional deficiencies, they are not a replacement for vaccination. Supplements cannot prepare your body for a virus it has never seen before.

The best preventative healthcare against Covid is to wear a high quality mask and get boosted when you're eligible to. And right now, respirators are far more effective than our current vaccines. Do you need help finding a mask that fits you?

ENERGY / CLIMATE

“Wearing masks is unnatural.”

Handwashing used to be considered unnatural! Viruses are natural, but they’re still a danger to human beings. Just because something is natural does not mean it’s safe, or that we shouldn’t protect ourselves. Tobacco plants are natural but we know tobacco causes cancer. Capsaicin found in hot peppers can cause your eyes to swell shut, burn, and cause nerve damage. Forest fires are natural, but we evacuate if one is heading toward our house!

Also, did you know that human activity around the world has been bringing Covid to animals? It’s sad, and it’s true. Our pets—such as dogs, cats, hamsters, and ferrets—are all capable of catching Covid. They can’t protect themselves, but we can protect ourselves for them.

Humans have been encroaching more and more on wildlife and Indigenous land through predatory development like deforestation and mining. Animals we once thought could not get Covid seem to be catching Covid, giving the virus more chances to mutate. There’s been documentation of Covid spreading to minks, otters, deer, lions, tigers, hyenas, hippopotamuses, and the endangered snow leopard. So if you care about the environment, it’s important to stop Covid transmission from happening; it’s affecting our entire ecosystem.

And like I said: virus mutations are constantly happening. But when viruses jump to different species, there is even more reason for serious concern. When new species catch Covid, we’re put at a higher risk of mutations that could make Covid even more deadly or transmittable. And that could further comprise our already-waning vaccines and treatments.

Protecting our pets and wildlife from Covid is so important. Disrupting the balance of our ecosystems could have dire consequences. Our existence relies on many ecological factors, and we are part of nature, too. The more we allow Covid to spread, the more likely it is that animals and wildlife will be exposed to Covid, threatening both their survival and ours.

“Aren't disposable masks bad for the environment?”

First of all, it’s important to remember that human life is our main consideration. Single-use disposable products used in infection control (like latex gloves) save the lives of both people and animals every day. Other disposable and single-use products can be necessary survival tools for disabled people. So while yes, disposable masks aren’t the most environmentally friendly objects, there are things we can do to reduce the impact. [It’s possible to safely re-wear disposable masks \(see: paper bag method\)](#), and there are reusable masks you can get which have less waste.

HOPE

“I don’t want to wear a mask forever”

It helps to remind people that no one is asking them to mask FOREVER. We are asking them to mask until the pandemic is actually under control and until it’s safe to stop masking. And so reminding them that treatments and better vaccines are in development can make this psychologically easier / assuage people’s fears to some extent. Taking things one day at a time can be very helpful, too.

- In the lab: [A nasal spray](#) developed in Finland protects against [#SARSCoV2](#) infection, including recent immune-evasive variants. When administered nasally the experimental molecule—TriSb92—developed at Univ of Helsinki blocks transmission & spread of [#SARS2](#) (March 2023)
- Here’s a [great Twitter thread featuring some examples of policy shifts & research wins](#)

Proof that you can still live your life and wear masks:

- Here’s a [really lovely video from ji-young kim](#) showing how they still participate in in-person activities (art galleries, social events, going shopping, etc.) while wearing a high-quality mask indoors
- This Instagram account [@mask4maskjoy](#) is dedicated to proving that “Events & collective spaces can be both Covid-safe AND fun, joyful, sexy, debauchorous, connective! Share your stories/images to show what’s possible.”
 - People are still going to host celebrations, game nights, birthday parties, etc. Show them this account to let them know it is possible to gather safely.



Doug Aoki
@Nantanreikan

...

We mask in our dojo because we teach that the way of karate means striving to live up to our obligations to each other and our community.



2:45 PM · Nov 25, 2022

More Useful Resources

Individual sources

- [People with autoimmune diseases are at a 3X greater risk for developing Long Covid.](#)
- Endemic doesn't mean less harmful, as explained by a scientist : <https://www.nature.com/articles/d41586-022-00155-x>
- The US government suppressed the CDC and, as a result, hundreds of thousands died needlessly (aka the government has been actively covering this up and not valuing our lives from the start) <https://www.nytimes.com/2023/03/21/health/covid-cdc.html>
- [New from the NIH](#) (March 2023): "These findings suggest that **Covid infection damages the CD8+ T cell response**, an effect akin to that observed in earlier studies showing long-term damage to the immune system after infection with viruses such as hepatitis C or HIV."
- Here's a [guide to CO2 monitoring](#) (how it works, why it matters, how to do it).
- <https://johnsnowproject.org/primers/textbook-immunity/> - great primer resource on Covid, the immune system, all the things we've known to predict this etc.

Compiled resources

- [The Long Covid Research Library](#)
 - This searchable online library contains many of the important papers that have been published on Long Covid
- [Covid Protection Guidelines for Groups](#)
- A FAQ with 17 common myths and questions about HEPA filters that explains why they're so important: [HEPA Filter FAQ](#) by Joey Fox
- [Here's a massive list](#) of all of the athletes and famous people who have Long Covid (with sources).
- Here's a [collection of articles debunking the idea of "immunity debt"](#) (some more reputable than others-but choose the one from the news source that the person you're talking to is most likely to read / listen to)
- Here's a [list of places to buy/obtain high-quality masks](#)

Visualizing transmission

Here's an interactive flow chart where you can adjust variables and visualize how transmission happens (and how quickly) in indoor or outdoor spaces:

<https://www.bmj.com/content/375/bmj-2021-065312>

Additional Mitigations

Everyone should know about additional mitigation strategies that can be layered into their routine for further protection from Covid. Respirators are by far the best tool we have now, but there are other mitigations that can be added into our routines for additional safety.

Here is the unfortunate truth: some people in our lives are not going to wear masks at this point, no matter what we say. They may eventually resume masking, but they are not going to go from not masking at all to wearing a mask all the time. And even for those that are, masks aren't 100% effective on their own but are a crucial part of layered mitigation strategy (See: [the "Swiss Cheese" model](#)). Everyone should know about other mitigations that reduce Covid's infectivity. CPC mouthwash is easy to get people to agree to using, because it's cheap and easy. Most people have not heard about this layer of protection, and this one is not hard to get people to start doing.

HOWEVER! We don't want these non-mask mitigations to be used as a way to avoid asking someone to wear masks just because it's uncomfortable or very difficult to bring up the topic of masking. The fear is real, right? It's scary to bring up masks sometimes. It's scary to be direct, and scary to risk losing someone, or to feel like by doing so, you're giving them a 'reason' to distance themselves from you.

But we want to make sure that people are at least saying, **"Hey, this is what would really, actually, truly protect you, and your community, and me, and this is what I would hope for you to be doing and what my real ask is here."** That sentence is really, really hard to say, but this is a situation where every second does count. Someone could be disabled at any time by this virus. So we want to make sure we're talking about respirators, somehow, even in the first conversation. And then saying, *I get that this is a lot to take in. I also want you to know that there are other mitigations you can take also.*

Asking people to wear masks is really crucial. You can't know why people are avoiding masking until you try suggesting masks. It can be brief, but don't suggest CPC mouthwash and not bring up masks at all. Please do not do that.

In the past, many of us avoided asking people directly to wear a mask around us, even people who know and love us already. We were each scared of losing even more friendships than we have up until now. But our close friends *know* us and trust us. We have a foundation.

So, we're each trying to overcome that shyness / social programming / fear of losing people / fear of upsetting others by just saying:

"I'm not going to like, harp on it and you obviously can make your own decisions. But I really do wish you would wear a mask in public spaces, because I'm personally affected by this choice that everyone is making right now, and I'm stuck at home indefinitely, and you are more vulnerable than you think, and I want both of us to be safe. Wearing a mask could save your life. I am asking you to wear a mask."

We've got to remember that what we are asking is NOT rude. We are asking for the opposite of rudeness. We are asking for our humanity to be considered, for people to consider their own humanity.

It's not rudeness to ask others to wear masks.

ADDITIONAL MITIGATIONS BEYOND MASKS TO ENCOURAGE:

- **Encourage them to stay home when they are feeling sick**, even if they don't think they're contagious.
- Encourage them to **open windows** at home when other people are visiting and explain why this is important.
- Show them how to **switch their AC fan from “auto” to “on”** when people are visiting (along with opening windows and turning on other fans) and explain that ventilation reduces risk because Covid travels in the air like smoke.
- NOTE: Having an air conditioner does not count as improving ventilation. **Increase air movement** by turning up available fans including AC and opening windows. In larger buildings (usually businesses, schools etc) the AC and ventilation might be the same and buildings may even have HEPA filters and ventilation but not have it on due to cost saving or other reasons. In this context, turn the system from 'Auto' to 'On' while the room/building is occupied for cleaner indoor air.
- Basic ventilation at home: Put a fan in a window (facing out the window) and open that window. Open another window on the opposite side of the room/house for cross airflow.
- Climate control: Whether it's hot or cold outside, having the windows open a crack on opposite sides of the house will increase ventilation without sacrificing climate control.
- If possible, give them **rapid tests or PCR tests** to keep at home (make sure they know how to use them)
- Encourage them to **move plans outdoors** as often as the weather allows. For example, help them pick a restaurant that has outdoor seating, patio heaters, or misters if they're planning a restaurant celebration.
- Encourage them to keep up with when Covid transmission rates are high, if wastewater tracking is available in their area. And teach them how to find this info!
- Tell them about / buy them some **CPC mouthwash**, which [studies have shown to be effective](#) at reducing the infectivity of Covid ([CPC in mouthwashes has been shown in humans to break the membrane of SARS-CoV-2 and reduce the amount of active virus in saliva](#)) and is very inexpensive:
 - Crest Gum Care Mouthwash, Cool Wintergreen, CPC (cetylpyridinium chloride) Antigingivitis/Antiplaque Oral Rinse 16.9 fl oz ([Pack of 4](#))
 - Here's a bunch of [CPC mouthwashes that you can buy at Target](#) in the USA (in store and online)
 - [This one by TheraBreath](#) is certified gluten-free, alcohol-free, and free of dye

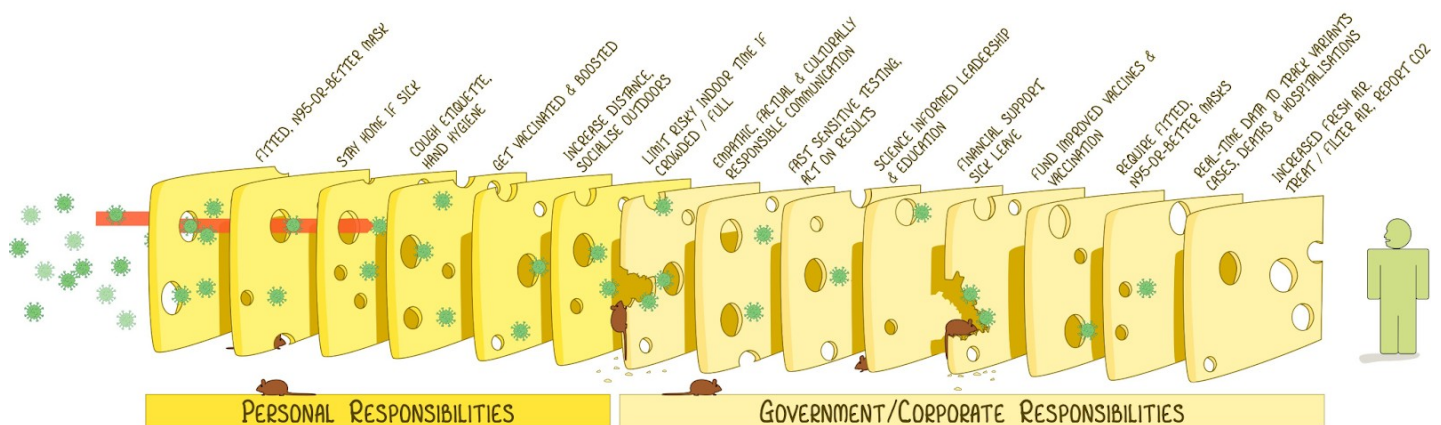
ADDITIONAL MITIGATIONS BEYOND MASKS TO ENCOURAGE (Continued):

- Buy them / encourage them to buy a **HEPA filter** to use at home, at work, or in their child's school, or [build them a Corsi-Rosenthal box](#).
 - HEPA filters can be expensive, but they often go on sale. Check sites like Walmart, Target, Best Buy, and Amazon regularly for sales, or set a price alert on Google to be notified about deals.
 - Keep shopping carts open in several tabs and wait for price drops
- If you can afford it, buy an [Aranet4](#)! And carry it with you everywhere. Having the data can really help people grasp the indoor air quality problem and measuring air quality can help you learn more intuitively what high risk situations look like.
 - I waited until they went on sale and I'm using it to talk to people about Covid safety (and logging my readings on the [Raven app](#) whenever I have to go someplace.)
 - Search Twitter / Google for "Aranet coupon" and you can probably snag a \$30-\$50 discount
 - [Here's a video specifically about testing a bunch of <\\$100 CO2 testers](#). A few are good enough to know if you're in a high risk situation, but their accuracy is hard to guarantee.

The Swiss Cheese Model: (SOURCE)

THE SWISS CHEESE VACCINE-PLUS RESPIRATORY VIRUS DEFENCE GRAPHIC

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EVERY INTERVENTION (SLICE/LAYER) HAS IMPERFECTIONS (HOLES) WHICH CHANGE IN SIZE, NUMBER AND POSITION DEPENDING ON VIRUS BURDEN, HOW THE INTERVENTION IS ROLLED OUT & COMPLIANCE.
MULTIPLE LAYERS IMPROVE SUCCESS.
LAYER ORDER IS NOT RELEVANT.

IAN M MACKEY & KATHERINE E ARDEN
VIRUSDOWNUNDER.COM
BASED ON THE WORK OF JAMES T REASON, 1990
VERSION 5.3
UPDATE: 17OCT2022

Testimonies

Here's some powerful ones:

"I want my now 6 year old daughter to grow up to be an emotionally and physically healthy woman. I want her to have healthy parents well into her adult life. I don't want her to experience the trauma of losing friends to debilitating illness and/or death as children."

-Geoff Nesnow "[We Can't Wish Covid-19 Away](#)"

[A letter to my loved ones about Covid-19: You've moved on, but I'm still here](#) by Jeanine Santucci

Pandemic analysis sources

People whose analysis of the pandemic we largely trust:

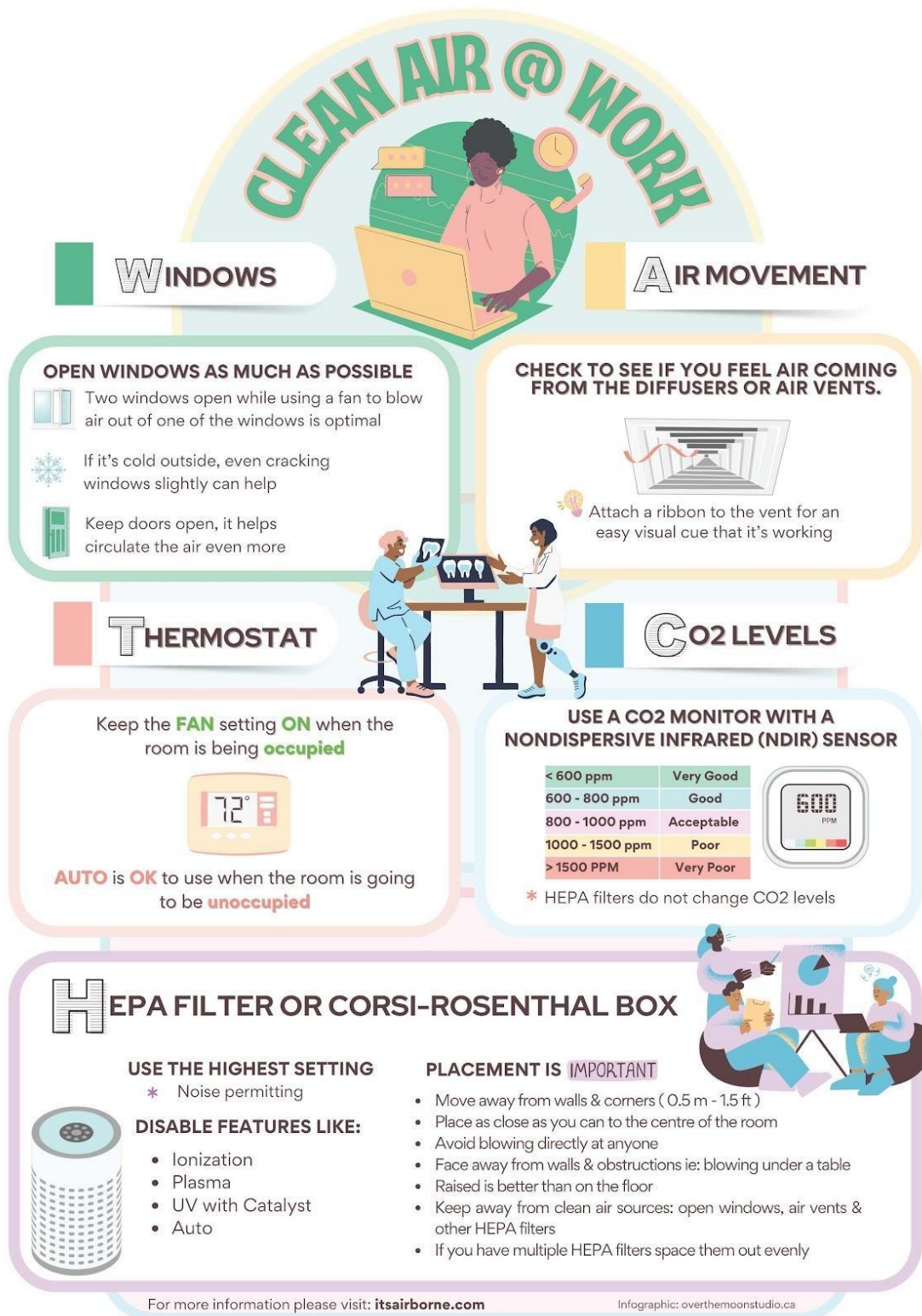
- [MOVEMENT MEMOS Podcast](#)
- [Death Panel Podcast](#)
- [The People's CDC](#)

Further reading

- ["People Gave Up on Flu Pandemic Measures a Century Ago When They Tired of Them – and Paid a Price"](#)
- ["How The Koch Network Hijacked The War On Covid"](#)
- ["We Convinced Our School to Bring Back Masks: Here's how we did it"](#)
- ["Ten Covid Facts Health Officials Dangerously Downplay"](#)
- ["What if Covid Reinfections Wear Down Our Immunity?"](#)

Infographics

1. Clean Air At Work



2. Clean Air In Classrooms Using W.A.T.C.H.



Windows

- Open windows as much as possible.
- If it's cold outside, even cracking windows slightly can help.
- Keeping the classroom door open helps circulate the air even more.
- Warm weather? Having 2 windows open while using a fan to blow air out of 1 of the windows is optimal.

Air Movement

Check to see if you feel air coming from the diffusers or air vents.



Attach a ribbon to the vent for an easy visual cue that it's working!

Thermostat

Keep the **FAN** setting **ON** when the room is being **occupied**.



AUTO is **ok** to use when the room is going to be **unoccupied**.

CO2 Levels

Use a CO2 monitor with a nondispersive infrared (NDIR) sensor



< 600 ppm	Very Good
600 - 800 ppm	Good
800 - 1000 ppm	Acceptable
1000 - 1500 ppm	Poor
> 1500 ppm	Very Poor

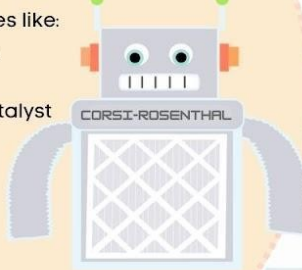
* HEPA filters do not change CO2 levels.

HEPA Filter or Corsi-Rosenthal Box

Use the highest setting.
* Noise permitting.

Disable Features like:

- Ionization
- Plasma
- UV with Catalyst
- Auto



PLACEMENT IS IMPORTANT

- Move away from walls & corners. (0.5 m - 1.5 ft)
- Place as close as you can to the centre of the room.
- Avoid blowing directly at anyone.
- Face away from walls & obstructions, e.g. blowing under a table.
- Raised is better than on the floor.
- Keep away from clean air sources: open windows, air vents & other HEPA filters.
- If you have multiple HEPA filters, space them out evenly.

For more information please visit: itsairborne.com

Infographic: overthemoonstudio.ca

More [great infographics here, via Let's Clear the Air AB](#)

#MASKUP